## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000000339

FILED Apr 17, 2007 Secretary of State

Entity Name: MAGNOLIA WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
920 THIRE	O ST			
STE B NEPTUNE	E BCH, FL 3226	66 US		
Current Mailing Address:		New Mailing Address:		
920 THIRE STE B	O ST			
	E BCH, FL 3226	6 US		
FEI Number	: 04-3794470	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
920 THIRE	E, L. DENISE D ST			
STE B NEPTUNE	E BCH, FL 3226	66 US		
NEPTUNE The above	•		purpose of changing its registered	d office or registered agent, or both,
NEPTUNE The above	e named entity s e of Florida.		purpose of changing its registered	d office or registered agent, or both,
NEPTUNE The above in the State	e named entity s e of Florida. RE:			d office or registered agent, or both,  Date
NEPTUNE The above in the State SIGNATU	e named entity s e of Florida. RE:	ubmits this statement for the	ent	
NEPTUNE The above in the State SIGNATUI  OFFICER Title: Name: Address:	e named entity s e of Florida. RE: Electroni S AND DIRECT	ubmits this statement for the control of the control of Registered Agroups:  Coronal C	ent	Date
NEPTUNE The above in the State SIGNATU	e named entity se of Florida.  RE:  Electroni  S AND DIRECT  DP ()  KNOWLES, MAR 3840 CROWN P  JACKSONVILLE	ubmits this statement for the c Signature of Registered Agronal Corner of	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK KNOWLES P 04/17/2007