

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002192

FILED
Apr 23, 2009
Secretary of State

Entity Name: MAGNOLIA KEY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

242 FIFTH AVENUE
INDIALANTIC, FL 32903

New Principal Place of Business:

242 FIFTH AVENUE
INDIALANTIC, FL 32903 US

Current Mailing Address:

P.O. BOX 33307
INDIALANTIC, FL 32903

New Mailing Address:

P.O. BOX 33307
INDIALANTIC, FL 32903 US

FEI Number: 42-1668536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCHRAN, ROBERT L
242 FIFTH AVENUE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

COCHRAN, ROBERT L JR.
242 FIFTH AVENUE
INDIALANTIC, FL 32903 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT L. COCHRAN, JR.

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COCHRAN, ROBERT L JR
Address: 242 FIFTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: SD () Delete
Name: MCTEAGUE, MARTHA
Address: 242 FIFTH AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: VD () Delete
Name: SIMONI, RICHARD
Address: 1 EIGHTH AVE, #1202
City-St-Zip: INDIALANTIC, FL 32903

Title: T () Delete
Name: BROOKS, LINDA
Address: 575 COCONUT ST
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COCHRAN, ROBERT L JR
Address: 242 FIFTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: DS (X) Change () Addition
Name: MCTEAGUE, MARTHA
Address: 242 FIFTH AVE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: DV (X) Change () Addition
Name: SIMONI, RICHARD
Address: 1 EIGHTH AVE, #1202
City-St-Zip: INDIALANTIC, FL 32903 US

Title: T (X) Change () Addition
Name: BROOKS, LINDA
Address: 575 COCONUT ST
City-St-Zip: SATELLITE BEACH, FL 32937 US

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT L. COCHRAN, JR.

DP

04/23/2009

Electronic Signature of Signing Officer or Director

Date