


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90373 009 ****61.25

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1. Entity Name
MAGNOLIA DUNES OWNERS' ASSOCIATION, INC.



Principal Place of Business
**114 LOGAN LANE, SUITE B
 SANTA ROSA BEACH, FL 32459**

Mailing Address
**114 LOGAN LANE, SUITE B
 SANTA ROSA BEACH, FL 32459**

2. Principal Place of Business
114 Palmetto St.

3. Mailing Address
PO Box 1895

Suite, Apt. #, etc.
#2

City & State
Destin, FL

City & State
Destin, FL

Zip
32541

Country
USA

Zip
32540

Country
USA

50016259



04172006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-1693171

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SANDERS, J. DAVID
 114 LOGAN LANE, SUITE B
 SANTA ROSA BEACH, FL 32459**

7. Name and Address of New Registered Agent

**SeaCoast Association Management
 114 Palmetto Street #2
 Destin, FL 32541**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Walt Leirer* **Walt Leirer** **4/21/06**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SANDERS, J. DAVID #20 MAY DRIVE SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR MARLOW, MARK L 2067 COLUMBIA ROAD STE. 1 BIRMINGHAM, AL 35216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANDERS, YOUNG C #20 MAY DRIVE SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Walt Leirer PO Box 1895 Destin, FL. 32540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filing empowered.

SIGNATURE: *Walt Leirer* **Walt Leirer** **4/21/06** **(850)830-7717**

Signature and typed or printed name of signing officer or director Date Daytime Phone #