




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000012108

1. Entity Name
MAGNOLIA PLACE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

4495 EMERALD VISTA STE 2 **4495 EMERALD VISTA STE 2**
LAKE WORTH, FL 33461 **LAKE WORTH, FL 33461**

DO NOT WRITE IN THIS SPACE



02222007 No Chg-NP CR2E037 (4/08)

4. FEI Number 20-3903431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAWKINS, LAWRENCE B
4495 EMERALD VISTA STE 2
LAKE WORTH, FL 33461

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

000000656346
03/14/07-50023-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAWKINS, LAWRENCE B 4495 EMERALD VISTA STE 2 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP THOMAS, STEPHEN C 8415 NW 46TH DRIVE STE 2 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HAWKINS, TINA M 4495 EMERALD VISTA STE 2 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: _____ **3/1/07** **561-304-1645**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #