


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90091 041 ****61.25

DOCUMENT # N06000007417

1. Entity Name
MAGNOLIA TRACE MASTER ASSOCIATION, INC.



Principal Place of Business
 191 ISLAND ESTATES PARKWAY
 PALM COAST, FL 32137

Mailing Address
 191 ISLAND ESTATES PARKWAY
 PALM COAST, FL 32137



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04032007 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
OARE, CAROL F
 191 ISLAND ESTATES PARKWAY
 PALM COAST, FL 32137

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OARE, CAROL F		NAME		
STREET ADDRESS	191 ISLAND ESTATES PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUELLO, RICHARD B		NAME		
STREET ADDRESS	15 CORTE VISTA		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OARE, III, ROBERT L		NAME		
STREET ADDRESS	1362 NW 112 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHANKS, ELIZABETH O		NAME		
STREET ADDRESS	1514 NEWBERGER ROAD		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 35549		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Carol F. Oare 4-4-07 386-446-3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #