

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007417

FILED  
Jan 08, 2011  
Secretary of State

**Entity Name:** MAGNOLIA TRACE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

191 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

191 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 20-5703921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OARE, CAROL F  
191 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OARE, CAROL F  
Address: 191 ISLAND ESTATES PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: VD  
Name: QUELLO, RICHARD B  
Address: 15 CORTE VISTA  
City-St-Zip: PALM COAST, FL 32137

Title: SD  
Name: OARE, III, ROBERT L  
Address: 13621 NW 112 AVENUE  
City-St-Zip: ALACHUA, FL 32615

Title: TD  
Name: SHANKS, ELIZABETH O  
Address: 9107 FEATHERBELL BOULEVARD  
City-St-Zip: PROSPECT, KY 40059

I hereby 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 all other like empowered.

SIGNATURE: CAROL FORBES OARE

PD

01/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date