**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90110 014 \*\*\*\*61.25

## **DOCUMENT # N11595**

1. Corporation Name

MAGNOLIA HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 480 GULF SHORE DR **DESTIN FL 32541** US

Mailing Address 111 CENTER STE 1600 LITTLE ROCK AR 72201

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Principal Place of Business 2a. Mailing Address 25					3. Date Incorporated or Qualifed 10/15/1985		
Suite, Apt.	# 010	Suite, Apt. #, etc.			4. FEI Number	Applied For	
	#, 8tc.	27			13-3318273	Not Applicable	
22 City & State	<u> </u>	- City & State				\$8.75 Additional	
23 28					5. Certificate of Status Desired	Fee Required	
Zip	Country	Zip	Countr	у	6. Election Campaign Financing	\$5.00 May Be	
24	25	29	30		Trust Fund Contribution	Added to Fees	
· <del></del> ;	9. Name and Address of Curren				10. Name and Address of New Register	red Agent	
			8	Name			
KRAEMER, MARY K 727 HIGHWAY 98 EAST DESTIN FL 32541				82 Street Address (P.O. Box Number is Not Acceptable)			
				Subset Address (F.O. Box Nutriber is not Acceptable)			
				3		<u> </u>	
DEGITA	2 02041		-	A Cib.		85 Zip Code	
			8-	4 City		FL S 2000	
11. Pursuant	to the provisions of Sections 617 050	2 and 617.1508. Florida Statut	es, the abo	ve-named co	rporation submits this statement for the purpos	e of changing its registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized b	y the corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the ap	ppointment as registered	
agent. I a	m familiar with, and accept the obliga	lions of, Section 617.0505, Flo	riua Siatute	3.			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered Ag	ent signature requ	ired when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	DS	☐ DELETE	1.1 TITLE			Change Addition	
NAME	WAIT, ANN		1.2 NAME				
STREET ADDRESS	*** 051550 01555 4000		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	LITTLE ROCK AR 72201		1,4 CITY-	ST-ZIP			
TITLE	TD	☐ DELETE	2.1 TITLE		PD :	Change Addition	
NAME	SMITH, MARK		2.2 NAME				
STREET ADDRESS	ANAL GOLEVIO DO		2.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP	NASHVILLE TN 37212		2. 4 CITY	·ST-ZIP -			
TITLE	D	DELETE -	3.1 TI7LE			Change . Additio	
NAME	WANNEMACHER, DAVE		3.2 NAME		•		
STREET ADDRESS	DANISCONANI DEACHI DO		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL 3245	9	3.4. CITY	·ST-ZIP			
TITLE	VD	DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME	FORT, PAM	• •	4. 2 NAMI	<u> </u>			
STREET ADDRESS	000 1 NIDI 57/ DD		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MERIDIAN MS 39305		4.4 CITY-				
TITLE	PD	DELETE	5.1 TITLE		VD	Change Addition	
NAME	FISHER, EARL	<b>*</b>	5.2 NAME	I .		- •	
STREET ADDRESS	ACT MOOKINGDIDG 1 AND		5.3 STRE	ET ADORESS	<b>!</b>		
SIREE I AUURESS	GRIFFIN GA		5.4 CITY-		1		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Hester, Randy

1702 Greenwyche Road

Huntsville, AL 35801

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

501) 316-6959

Change

Addition