## 2004 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

DOCUMENT # N11595



Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90097 006 \*\*\*\*61.25

**FILED** 

MAGNOLIA HOUSE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 480 GULF SHORE DR 480 GULF SHORE DR DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 13-3318273 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRAEMER, MARY 607 HWY 90 EAST Street Address (P.O. Box Number is Not Acceptable) DESTIN, FL 32541 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ■ Addition TITLE ☐ Delete TITLE Change SMITH, MARK NAME NAME 3311 ORLEANS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NASHVILLE, TN 37212 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition WANNEMACHER, DAVE NAME NAME BANNERMAN BEACH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP D TITLE Delete ☐ Change ☐ Addition LEWIS, JAMES R ---NAME NAME T 399 CROPWELL POINT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CROPWELL, AL 35054 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HESTER, RANDY NAME NAME STREET ADDRESS 1702 GREENWYCHE ROAD STREET ADDRESS CITY-ST-ZIP HUNTSVILLE, AL 35801 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SEYMORE, BURK STREET ADDRESS 480 GULF SHORE DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DESTIN, FL 32541 . 🔲 Addition TITLE DS Delete . 🔲 Change TITLE WISE, PEGGY NAME NAME STREET ADDRESS 823 TARPON DRIVE STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32548 CITY-ST-ZIP

12. 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 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 attacking 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 attacking 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 attacking 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 the corporation of th

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #