2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
01-18-2005 90110 027 ***122.50

DOCUMENT # N11595

1. Entity Name
MAGNOLIA HOUSE CONDOMINIUM ASSOCIATION, INC.

66001732

Principal Place of Business	Mailing Address
480 GULF SHORE DR DESTIN, FL 32541 US	480 GULF SHORE DR DESTIN, FL 32541 US

01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3318273
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAEMER, MARY
607 HWY 90 EAST
DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, MARK
STREET ADDRESS	3311 ORLEANS DR
CITY-ST-ZIP	NASHVILLE, TN 37212
TITLE	VD
NAME	~~WANNEMACHER, DAVE~~ Tom Johnson
STREET ADDRESS	~~BANNERMAN BEACH RD~~ 7446 Forest View Drive
CITY-ST-ZIP	~~SANTA ROSA BEACH, FL 32459~~ Hudsonville, MI 49426
TITLE	D
NAME	LEWIS, JAMES R
STREET ADDRESS	399 CROPWELL POINT
CITY-ST-ZIP	CROPWELL, AL 35054
TITLE	PD
NAME	HESTER, RANDY
STREET ADDRESS	1702 GREENWYCHE ROAD
CITY-ST-ZIP	HUNTSVILLE, AL 35801
TITLE	DS
NAME	MYLER, STEPHEN
STREET ADDRESS	480 GULF SHORE DRIVE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	DS
NAME	WISE, PEGGY
STREET ADDRESS	823 TARPON DRIVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

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 attachment with an address, with all other like empowered.

SIGNATURE: Steve Myler 2/8/05 850-837-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #