2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N11595

Entity Name: MAGNOLIA HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

480 GULF SHORE DRIVE
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

205 BROOKS ST, STE 201
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

205 BROOKS STREET SE
STE 201
FORT WALTON BEACH, FL 32548 US

FEI Number: 13-3318273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROGRESSIVE MANAGEMENT OF AMERICA INC
205 BROOKS ST, STE 201
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

PROGRESSIVE MANAGEMENT OF AMERICA INC
205 BROOKS STREET SE
STE 201
FORT WALTON BEACH, FL 32548 US

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: MICHAEL G KENT 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMITH, MARK
Address: 205 BROOKS ST, STE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PD ( ) Delete
Name: HESTER, RANDY
Address: 205 BROOKS ST, STE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD ( ) Delete
Name: CLEMENTS, DANIEL
Address: 205 BROOKS ST, STE 201
City-St-Zip: FORT WLATON BEACH, FL 32548

Title: TD ( ) Delete
Name: JOHNSON, TOM
Address: 205 BROOKS ST, STE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD ( ) Delete
Name: DAVENPORT, DAVE
Address: 205 BROOKS ST, STE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: CLEMENTS, DANIEL
Address: 205 BROOKS ST, STE 201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RANDY HESTER PD 04/30/2009
Electronic Signature of Signing Officer or Director Date