

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90004 017 \*\*\*\*61.25

**DOCUMENT # N21083**  
 1. Entity Name  
**MAGNOLIA POINT COMMUNITY ASSOCIATION, INC.**



Assl  
 Assl  
 Acc  
 Acc  
 Acc

Principal Place of Business  
 2215 EAST STATE ROAD 200  
 YULEE, FL 32097

Mailing Address  
 P.O. BOX 1987  
 YULEE, FL 32041

Approved By PKD Date 3/5/04  
 Description 54015084



2. Principal Place of Business  
11033 Eastline Street  
 Suite, Apt. #, etc.  
Suite 110

3. Mailing Address  
2101 Sawgrass U/Bge Dr.  
 Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State  
Kissimmee

City & State  
Ponte Vedra

Zip  
34744 Country  
USA

Zip  
32082 Country  
USA

4. FEI Number  
**59-2874651**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LELAND MANAGEMENT INC.**  
 1633 EAST VINE STREET  
 SUITE 110  
 KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 Rebecca Anker  
 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 Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUDOLPH, MAURICE	
STREET ADDRESS	6028 CHESTER AVE # 202	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILFORD, DON	
STREET ADDRESS	6028 CHESTER AVE # 202	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCOTT, CRAIG	
STREET ADDRESS	6028 CHESTER AVE #202	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #