

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21083

FILED  
Feb 02, 2007  
Secretary of State

Entity Name: MAGNOLIA POINT COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

8009 S ORANGE AVE  
ORLANDO, FL 328096711

**New Principal Place of Business:**

11555 CENTRAL PARKWAY  
SUITE 1103  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

8009 S ORANGE AVE  
ORLANDO, FL 328096711

**New Mailing Address:**

11555 CENTRAL PARKWAY  
SUITE 1103  
JACKSONVILLE, FL 32224

FEI Number: 59-2874651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LELAND MANAGEMENT  
8009 S ORANGE AVE  
ORLANDO, FL 328096711 US

**Name and Address of New Registered Agent:**

FIRST COAST ASSOCIATION MANAGEMENT, LLC  
11555 CENTRAL PARKWAY  
SUITE 1103  
JACKSONVILLE, FL 32224 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: MARGARET STOREY

02/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RUDOLPH, MAURICE  
Address: 6028 CHESTER AVE # 202  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD ( ) Delete  
Name: SCOTT, CRAIG  
Address: 6028 CHESTER AVE #202  
City-St-Zip: JACKSONVILLE, FL 32217

Title: STD ( ) Delete  
Name: GALICK, ROY  
Address: 1727 COLONIAL DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: RUDOLPH, MAURICE  
Address: 13400 SUTTON PARK DRIVE S., SUITE 1402  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP (X) Change ( ) Addition  
Name: MEIDE, MARCUS  
Address: 13400 SUTTON PARK DRIVE S., SUITE 1402  
City-St-Zip: JACKSONVILLE, FL 32224

Title: S/T (X) Change ( ) Addition  
Name: GULICK, ROY  
Address: 13400 SUTTON PARK DRIVE S., SUITE 1402  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET STOREY

CFO

02/02/2007

Electronic Signature of Signing Officer or Director

Date