

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 21, 2009
Secretary of State**

DOCUMENT# N21083

Entity Name: MAGNOLIA POINT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-2874651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT, LLC
11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: POPE, WAYNE
Address: 13400 SUTTON PARK DRIVE S., SUITE 1402
City-St-Zip: JACKSONVILLE, FL 32224

Title: S/T () Delete
Name: DAKE, GARY
Address: 3583 SHINNECOCK LAND
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S/T (X) Change () Addition
Name: DAKE, GARY
Address: 3583 SHINNECOCK LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: FIRST COAST ASSOCIATION MANAGEMENT

RA

01/21/2009

Electronic Signature of Signing Officer or Director

Date