

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

04-18-2003 90166 049 ****61.25

DOCUMENT # N21083

1. Entity Name
MAGNOLIA POINT COMMUNITY ASSOCIATION, INC.



Principal Place of Business
6028 CHESTER AVE # 202
JACKSONVILLE FL 32217

Mailing Address
P.O. BOX 57911
JACKSONVILLE FL 32241

55034935

2. Principal Place of Business

3. Mailing Address

2215 East State Road P O Box 1987
Suite, Apt. #, etc. 200 Suite, Apt. #, etc. -

City & State
Yulee, FL

City & State
Yulee, FL

Zip
32097

Country
USA

Zip
32041-1987

Country
USA

4. FEI Number 59-2874651

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENN, PATRICK R
6028 CHESTER AVE #202
JACKSONVILLE FL 32217

Name TERRELL J. POWELL
Street Address (P.O. Box Number is Not Acceptable)
2215 EAST State Road 200
City Yulee FL Zip Code 32097

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 *Terrell J. Powell*

Terrell J. Powell

4.17.03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	RUDOLPH, MAURICE	
STREET ADDRESS	6028 CHESTER AVE # 202	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, CINDY	
STREET ADDRESS	6028 CHESTER AVE # 202	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON WILFORD	
STREET ADDRESS	6028 Chester Avenue # 202	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VPO	<input checked="" 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: *X M Powell*

3/31/03

CR2E037 (10/02)