5/20/97 13-7605 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

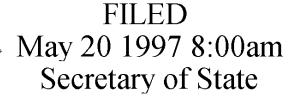
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

SIGNATURE:

N9300000515 (7)



MAGNOLIA VILLAGE I CONDOMINIUM ASSOCIATION, INC.							
Principal Place	of Business	Mailing Address		-	n immilie! Ain auche sien durt and	i deite daitt main main,	#1966 11881 pill 1881
402 HIGH POIN COCOA FL 3293		402 HIGH POINT OR. COCOA FL 32926-6635					
					3. Date Incorporated or Qualified 02/09/1993	3a, Date of La 03/13	/1996
21 /5/3	ace of Business N. HARBORCITY BLU		RBN City Bl	LUD	4. FEI Number 59-3213829		Applied For Not Applicable
Suite, Apt. :		Suite, Apt. #, etc.			6. Certificate of Status Desired	Fe	75 Additional e Required
City & State	Exerciping Fl	28 Milour			Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
² 19329	Country 25 /SRE VARED		Obuntry 30 SCE With			Yes No	ler s. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	
BI PLATINUM COAST MANAGEMEN:							ENT
	S, JAMES W III		82 Syeel	Addres	ss (P.O. Box Number is Not Accepted	able)	
				13/	N, MARISOR U	79 13202	٥-
COCOA	BEACH FL 32931						
			84 Sty 0	71	ourne.	FL 85	Zip Code
11. Pursuant t	o the provisions of Sections 617.0502	apd/617.1508, Florida Statute	s, the above-named	corpor	ration submits this statement for the	purpose of changi	ing its registered
	o the provisions of Sections 617.0502 egistered algent, or both, in the State of mamiliar with, and accept the obligan	in the state of th	thorized by the corpida Statutes.	poration	n's board of directors. I hereby acce	apt the appointmen	it as registered
SIGNATURE \(\)	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent eignature) required	when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Char	nge Addition
NAME .	MCDANIEL, LARRY		1.2 NAMÉ		:		
STREET ADDRESS	402 HIGH POINT DR.		1.3 STREET ADDRESS				
CITY-ST-ZIP	COCOA FL 32926	₩ DELETE	1.4 CITY-ST-ZIP	 		Char	nge Addition
TITLE	ds Morris, Merry	LX DECETE	21 TITLE 22 NAME	DS	DOMENICO, PATT 2 HISK POINT D DCOA, PL 3:	RIAK F	nge L) Audition
NAME CTOTET ANDRESS	402 HIGH POINT DRIVE		2.2 NAME 2.3 STREET ADDRESS		Wiel Guir D	n	
STREET ADDRESS	COCOA FL		2.3 STREET AUDITESS	1	DONA DI 3	291	
CITY-ST-ZIP	DT	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	اسا ا	$vcoa_j - rco$	□ Char	nge Addition
NAME	CAREY, JAMES F		3.2 NAME		,	S	
STREET ADDRESS	402 HIGH POINT DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	COCOA FL		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	 		☐ Chai	inge Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-2IP			4.4 CITY-ST-ZIP	<u></u>			
TITLE		DELETE	5.1 TITLE			☐ Chai	inge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP		T DELETE	5.4 CITY - ST - ZIP	├ ──		- I ou	4.4400
TITLE		DELETE	6.1 TITLE	:		☐ Chai	inge L. Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREET ADDRESS				
CHTY-ST-ZIP		101-201-201-201-201-201-201-201-201-201-	6.4 CITY-ST-ZIP	1-1-5	0	A 1 &	11 -4 11 -
information I am an of appears in	by certify that the information supplied in indicated on this annual report or su fficer or director of the proporation or the in Block 12 or Block 13 I changed, of	with this filling does not qualify ipplemental annual report is tru the receiver or trustee empower of an attachment with an addi	rior the exemption size and accurate and ared to execute this riges.	itated ir i that m report a	n Section 119.07(3)(j), Florida Statully signature shall have the same legas required by Chapter 617, Florida	jal effect as if made Statutes; and that	that the e under oath; that my name

REQUIRED