

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90030 008 ****61.25

DOCUMENT # N93000000515

1. Entity Name
MAGNOLIA VILLAGE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **% GJ REAL ESTATE INC GJ Real Estate, Inc.**
 200 WILLARD ST 2 B
 COCOA, FL 32922 US

Mailing Address: **Estate, Inc.**
 200 WILLARD ST 2 B
 COCOA, FL 32922 US

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: **GJ Real Estate, Inc.**
 Suite, Apt. #, etc.

City & State

Zip Country



01312004 Chg-NP CR2E037 (10/03)

4. FEI Number: **59-3213829**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, GAYLE
 200 WILLARD ST.
 SUITE 2-B
 COCOA, FL 32922

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	CAREY, JAMES	
STREET ADDRESS	3894 VERANDA CT	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BREIER, PATRICIA	
STREET ADDRESS	3898 VERANDA CT	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	DP DVP	<input checked="" type="checkbox"/> Delete
NAME	NUSL, JAMES	
STREET ADDRESS	3895 VERANDA CT	
CITY-ST-ZIP	MELBOURNE, FL 32901	
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	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nusl, James	
STREET ADDRESS	3895 Veranda CT	
CITY-ST-ZIP	Melbourne, FL 32901	
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: James F. Carey **JAMES F. CAREY** ^{2/18/04} ³²¹ ⁹⁵¹⁻⁷⁸⁶

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #