

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000739

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: BAY MAGNOLIA OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5311 E. CO. HWY 30-A  
SANTA ROSA BCH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4703  
SANTA ROSA BCH, FL 32459

**New Mailing Address:**

5311 E COUNTY HWY 30-A  
STE 5  
SANTA ROSA BCH, FL 32459

FEI Number: 59-3391888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, JONATHAN  
611 AMELIA LANE  
SANTA ROSA BCH, FL 32459 US

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

PRITCHETT, WALTER R  
5311 E COUNTY HWY 30-A  
STE 5  
SANTA ROSA BCH, FL 32459 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: WALTER R PRITCHETT

04/26/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBERTS, JONATHAN  
Address: 611 AMELIA LANE  
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: VP ( ) Delete  
Name: CALL, EDWARD  
Address: 70 CAMELIA ST  
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: TS ( ) Delete  
Name: VON HOEHE, STAFFORD  
Address: 138 AMELIA LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

Title: DP (X) Change ( ) Addition  
Name: COX, MIKE  
Address: 480 AMELIA LANE  
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: DST (X) Change ( ) Addition  
Name: GOANS, PAUL  
Address: 374 5TH STREET NE  
City-St-Zip: ATLANTA, GA 30308

Title: DV (X) Change ( ) Addition  
Name: VON HOEHE, STAFFORD  
Address: 138 AMELIA LANE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: MIKE COX

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date