

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90161 009 \*\*\*\*61.25

**DOCUMENT # N99000004061**

1. Entity Name

**MAGNOLIA LAKE SUBDIVISION IN WALTON COUNTY HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

170 MIDDLE PLANTATION LANE  
 GULF BREEZE FL 32561

P.O. BOX 746  
 GULF BREEZE FL 32562

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3620843**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN MATRE, THOMAS G JR.**  
**4300 BAYOU BLVD., STE. 16**  
**PENSACOLA FL 32503**

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.

SIGNATURE

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELLZEY, KENNETH W	
STREET ADDRESS	P.O. BOX 746	
CITY-ST-ZIP	GULF BREEZE FL 32562	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	NAYLOR, BRUCE	
STREET ADDRESS	694 BALDWIN AVE.	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL-32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, SUE C	
STREET ADDRESS	P.O. BOX 746	
CITY-ST-ZIP	GULF BREEZE FL 32562	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kenneth W. Ellzey* **KENNETH W. ELLZEY** PRESIDENT 1/31/02 850-934-1225  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (9/01)