

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 14, 2007  
Secretary of State**

DOCUMENT# N99000004061

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

**Current Principal Place of Business:**

170 MIDDLE PLANTATION LANE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 746  
GULF BREEZE, FL 32562

**New Mailing Address:**

**FEI Number:** 59-3620843      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ELLZEY, KENNETH W  
Address: P.O. BOX 746  
City-St-Zip: GULF BREEZE, FL 32562

Title: VSTD ( ) Delete  
Name: NAYLOR, BRUCE  
Address: 694 BALDWIN AVE.  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: MILLER, SUE C  
Address: P.O. BOX 746  
City-St-Zip: GULF BREEZE, FL 32562

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KENNETH W. ELLZEY

PD

03/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date