

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 10, 2009
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 1587
DEFUNIAK SPRINGS, FL 32435

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: VD () Delete
Name: GREENE, JEANNIE
Address: 554 MAGNOLIA LAKE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: STD () Delete
Name: JACKSON, KENNETH
Address: 530 MAGNOLIA LAKE DRIVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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 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 M. JACKSON

STD

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date