
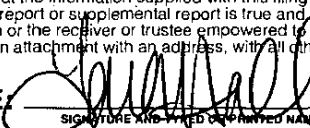


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-23-2004 90033 023 ****61.25

DOCUMENT # N99000007567					
1. Entity Name MAGNOLIA TRACE AT CROSS CREEK PARCEL "M" ASSOCIATION, INC.					
Principal Place of Business C/O ANDREWS ASSET MANAGEMENT CORP. 7402 N 56TH ST, SUITE 480 TAMPA, FL 33617			Mailing Address C/O ANDREWS ASSET MANAGEMENT CORP. 7402 N 56TH ST, SUITE 480 TAMPA, FL 33617		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3624989	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHLOSSER, RICHARD A 500 E KENNEDY BLVD, SUITE 200 TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANDREWS, EDWARD D	NAME	TAKA HALL		
STREET ADDRESS	7402 N 56TH ST, SUITE 480	STREET ADDRESS	18206 COLLRIDGE DR		
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	TAMPA, FL 33647		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOWELL, WILLIAM R II	NAME	MARTIN SUKKERT		
STREET ADDRESS	2955 HARTLEY RD, SUITE 106A	STREET ADDRESS	10528 SANTRAVASO DR.		
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	TAMPA, FL 33647		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MATOVINA, GREGORY E	NAME	HAROLD WEBB		
STREET ADDRESS	2955 HARTLEY RD, SUITE 106A	STREET ADDRESS	18215 TALDECO PLACE		
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	TAMPA, FL 33647		
TITLE	<input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	BILL COLLEGAN		
STREET ADDRESS		STREET ADDRESS	10503 SANTRAVASO DR.		
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL 33647		
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	JOSE AREAS, MD		
STREET ADDRESS		STREET ADDRESS	18213 TALDECO PLACE		
CITY-ST-ZIP		CITY-ST-ZIP	TAMPA, FL 33647		
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 		Date 1/14/04		Daytime Phone # 813-980-6010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	