

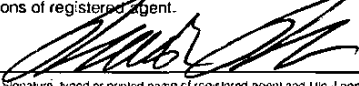
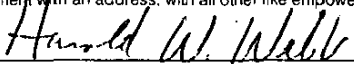


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90059 004 \*\*\*\*61.25

<b>DOCUMENT # N99000007567</b>					
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		40000000	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01032005 Chg-NP CR2E037 (10/03)	
Zip		Country		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 FRANCIS E. FRISCIA ESQ. Street Address (P.O. Box Number is Not Acceptable) 500 N. WESTSHORE BLVD. SUITE 830 City TAMPA FL Zip Code 33609		
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 			DATE 1/11/05		
Filing Fee is \$61.25 Due by May 1, 2005			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	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, TARA		NAME		
STREET ADDRESS	18206 COLLRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUKKERT, MARTIN		NAME	FINN KAVANAGH	
STREET ADDRESS	10528 SANTRAVASO DR.		STREET ADDRESS	18210 TALDECO PLACE	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	T	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, HAROLD		NAME		
STREET ADDRESS	18215 TALDECO PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLERAN, BILL		NAME	JENNIFER STEPNIOWSKI	
STREET ADDRESS	10503 SANTRAVASO DR.		STREET ADDRESS	18203 COLLRIDGE DR.	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARIAS, JOSE MD		NAME	PAT BURGESS	
STREET ADDRESS	18213 TALDECO PLACE		STREET ADDRESS	10529 SAN TRAVASO DR.	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 1/23/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			813 994 8978		