2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000007567



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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 P	lace of Business	3. Mai	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01032005	Chg-NP	CR2E0:	37 (10/03)		
City & State		Ci	City & State			4. FEI Number Applied For 59-3624989 Applied For Not Applicable					
Zip	Country	Zip Country			5. Certificate of Status Desired						
	6. Name and Address of Curre	nt Registere	ed Agent			7. Name and	Address of New I	Registered .	Agent		
SCHLOSSER, RICHARD A 500 E KENNEDY BLVD, SUITE 200 TAMPA, FL 33602				Street	Name FRANCIS F. FRISCIA ESQ. Street Address (P.O. Box Number is Not Acceptable) 500 N. WESTSHORE BLYD. SVITE 830						
				City -	Tam	00		FL	Zip Cod	° 1a	
	named entity submits this statement tions of registered attent.	for the our	ose of changing its	registered office	or register	ed agent, or both	n, in the State of F	orida. I am	100		
*	Signature, typed or printed name of registered ag	ent and Life & app	plicable. (NOTE	: Registared Agent sign	basupa: cruin	l whon roinstaling)	,	- DATE			
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.				1				
• • • •		_			_ ·	\$5.00 May Be Added to Fees			k payable to tment of Si		
10.		DIRECTORS	Trust Fund C	ontribution.		Added to Fees		rida Depai	tment of S	tate	
	Due by May 1, 2005 OFFICERS AND P	DIRECTORS	Trust Fund C	ontribution.		Added to Fees	Fio	rida Depai	tment of S	tate	
10. TITLE NAME	Due by May 1, 2005 OFFICERS AND P HALL, TARA	DIRECTORS	Trust Fund C	11. TITLE NAME		Added to Fees	Fio	rida Depai	tment of SI	l 10	
10. TITLE NAME STREET ADDRESS	P HALL, TARA 18206 COLLRIDGE DR	DIRECTORS	Trust Fund C	11. ITILE NAME STREET ADDRESS		Added to Fees	Fio	rida Depai	tment of SI	l 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, TARA 18206 COLLRIDGE DR TAMPA, FL 33647	DIRECTORS	Trust Fund C	Ontribution. 11. THILE NAME STREET ADDRESS CITY-ST-ZIP	,	Added to Fees ADDITIONS/CHA	FIO	rida Depai	RECTORS IN	tate J 10 Addition	
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TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P HALL, TARA 18206 COLLRIDGE DR TAMPA, FL 33647 V SUKKERT, MARTIN 10528 SANTRAVASO DR.	DIRECTORS	Trust Fund C	Ontribution. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V FIN	Added to Fees ADDITIONS/CHA IN KAYI 10 TALL	FIO NGES TO OFFICE	rida Depai	RECTORS IN	tate J 10 Addition	
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10. ITILE MAME STREET ADDRESS CITY-ST-ZIP TITLE	PHALL, TARA 18206 COLLRIDGE DR TAMPA, FL 33647 V SUKKERT, MARTIN 10528 SANTRAVASO DR. TAMPA, FL 33647 T WEBB, HAROLD 18215 TALDECO PLACE TAMPA, FL 33647 S COLLERAN, BILL 10503 SANTRAVASO DR. TAMPA, FL 33647 D ARIAS, JOSE MD 18213 TALDECO PLACE		Trust Fund C	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIA 182 TAM JENN 182 TAM 105 TAM	Added to Fees ADDITIONS/CHA IN KAVI IN TALL INFER ST TO SO COL TO PA, F-L TO BURG TO SAN TO PA, F-L	FIONGES TO OFFICE ANAGH DECO PLA 33647 TEPNION L 3364 L 3364 ESS TRAYASE 33647	CE SKI DR.	Change Change Change Change	Addition Addition Addition Addition	

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 of 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.

GNATURE:

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SIGNATURE: .