
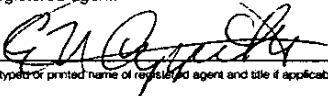
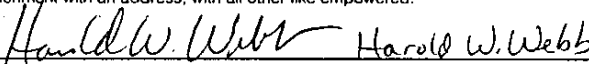


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90111 048 \*\*\*\*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	
2. Principal Place of Business Pilawski Property Mgt. Inc. Suite, Apt. #, etc. 7402 N 56 <sup>th</sup> St. Ste 480		3. Mailing Address Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State	
Zip 33617-7783	Country	Zip	Country
6. Name and Address of Current Registered Agent FRISCIA, FRANCIS E ESQ 500 N.WESTSHORE BLVD TAMPA, FL 33609		7. Name and Address of New Registered Agent Name: Eric N. Appleton, Esquire Street Address (P.O. Box Number is Not Acceptable): Bush Pass, P.A. 220 South Franklin Street City: Tampa FL Zip Code: 33602	
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: 1/20/2006 <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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: V NAME: KAVANAGH, FINN STREET ADDRESS: 18210 TALDECO PLACE CITY-ST-ZIP: TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE: V NAME: TED BAKER STREET ADDRESS: 18218 COLLIDGE DR. CITY-ST-ZIP: TAMPA, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: WEBB, HAROLD STREET ADDRESS: 18215 TALDECO PLACE CITY-ST-ZIP: TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE: D NAME: Pete HARRISON STREET ADDRESS: 10541 SANTRAVASO DR CITY-ST-ZIP: TAMPA, FL 33647	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: STEPNIOWSKI, JENNIFER STREET ADDRESS: 18203 COLLRIDGE DR CITY-ST-ZIP: TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BURGESS, PAT STREET ADDRESS: 10529 SAN TRAVASO DR. CITY-ST-ZIP: TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: COLLERAN, BILL STREET ADDRESS: 10502 SANTRAVASO DR. CITY-ST-ZIP: TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Harold W. Webb DATE: Jan 19 2006 813 362 0301 <small>Signature and typed or printed name of signing officer or director</small>			