


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90096 028 ****61.25

DOCUMENT # N99000007567

1. Entity Name
**MAGNOLIA TRACE AT CROSS CREEK PARCEL "M"
ASSOCIATION, INC.**



Principal Place of Business
**PILAWSKI PROPERTY MGT. INC
7402 NE 6TH ST., STE. 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 - No P.O. Box #
7402 N. 56TH ST.

Suite, Apt. #, etc.
SUITE 480

City & State
TAMPA, FL

Zip
33617

Country



01192007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3624989

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**APPLETON, ERIC, ESQ. N
BUSH RASS, P.A.
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

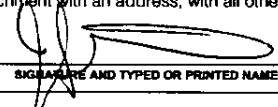
Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, TED		NAME		
STREET ADDRESS	18218 COILRIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input 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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEPNIOWSKI, JENNIFER		NAME		
STREET ADDRESS	18203 COLLRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON, PETE		NAME		
STREET ADDRESS	10541 SANTRAVASO DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLERAN, BILL		NAME		
STREET ADDRESS	10502 SANTRAVASO DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
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 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:  **Jennifer Stepniowski** Date **1/23/07** Daytime Phone # **813-383-8073**