

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007567

FILED  
Feb 05, 2009  
Secretary of State

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

**Current Principal Place of Business:**

7402 NORTH 56TH ST  
SUITE 480  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ANDREWS ASSET MANAGEMENT CORP.  
7402 N 56TH ST, SUITE 480  
TAMPA, FL 33617

**New Mailing Address:**

7402 NORTH 56TH ST  
SUITE 480  
TAMPA, FL 33617

FEI Number: 59-3624989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

APPLETON, ERIC, ESQ. N  
BUSH RASS, P.A.  
1801 N HIGHLAND AVE  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STEPNIOWSKI, JENNIFER  
Address: 18203 COLLRIDGE DR  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: HARRISON, PETE  
Address: 10541 SANTRAVASO DR.  
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete  
Name: COLLERAN, BILL  
Address: 10502 SANTRAVASO DR.  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/T (X) Change ( ) Addition  
Name: STEPNIOWSKI, JENNIFER  
Address: 18203 COLLRIDGE DR  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BRAULT, COLLEEN  
Address: 18237 COLLRIDGE DR  
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Change (X) Addition  
Name: ARIAS, ENRIQUE  
Address: 18206 COLLRIDGE DR  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO-ANN PILAWSKI

LCAM

02/05/2009

Electronic Signature of Signing Officer or Director

Date