


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90162 004 ****61.25

DOCUMENT # N04000005252 1. Entity Name MAGNOLIA BAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7100 W. CAMINO REAL SUITE 117 BOCA RATON, FL 33433		Mailing Address 7100 W. CAMINO REAL SUITE 117 BOCA RATON, FL 33433	
2. Principal Place of Business - No P.O. Box # 2950 Jog Road Suite, Apt. #, etc.		3. Mailing Address c/o CMC Mgt., Inc. Suite, Apt. #, etc. 2950 Jog Road City & State Greenacres FL Zip 33467 Country Palm Bch	
City & State Greenacres FL Zip 33467 Country Palm Bch		City & State Greenacres FL Zip 33467 Country Palm Bch	
4. FEI Number 55-0870629		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALYO, PAUL 7100 W. CAMINO REAL SUITE 117 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Edward Dicker Street Address (P.O. Box Number is Not Acceptable) Dicker, Krivok & Stoloff, P.A. 1818 Australian Ave. So., Ste. 400 City West Palm Beach FL Zip Code 33409	
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 <u>Edward Dicker</u> <u>ED Dicker</u> <u>4/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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	PD SHUGHART, DEANE <input checked="" type="checkbox"/> Delete	TITLE	PD Dennis Dee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUGHART, DEANE	NAME	Dennis Dee
STREET ADDRESS	3064 GRANDIFLORA DRIVE	STREET ADDRESS	3130 Grandiflora Drive
CITY-ST-ZIP	GREENACRES, FL 33467	CITY-ST-ZIP	Greenacres, FL 33467
TITLE	VTD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENENDEZ, LESLIE	NAME	Sam Young
STREET ADDRESS	3061 GRANDIFLORA DRIVE	STREET ADDRESS	3036 Grandiflora Drive
CITY-ST-ZIP	GREENACRES, FL 33467	CITY-ST-ZIP	Greenacres, FL 33467
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, ANTHONY	NAME	Jason Sjaardema
STREET ADDRESS	3086 GRANDIFLORA DRIVE	STREET ADDRESS	3047 Grandiflora Drive
CITY-ST-ZIP	GREENACRES, FL 33467	CITY-ST-ZIP	Greenacres, FL 33467
TITLE	<input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Scott Kaapke
STREET ADDRESS		STREET ADDRESS	391 Grandiflora Drive
CITY-ST-ZIP		CITY-ST-ZIP	Greenacres, FL 33467
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	
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: <u>Dennis Dee</u> Dennis Dee PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/10/07</u> 4/10/07 <small>Date</small>	
		<u>641-1016</u> <small>Daytime Phone #</small>	