2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N06000012186

Entity Name: MAGNOLIA BAY CONDOMINIUM ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business:

2002 JULEP DRIVE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

8870 N. PORT WASHINGTON RD
MILWAUKEE, WI 53217

New Mailing Address:

FEI Number: 30-0401025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901 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:	PD	( ) Delete
Name:	ZETLEY, HOWARD M	
Address:	8870 N. PORT WASHINGTON ROAD	
City-St-Zip:	MILWAUKEE, WI 53217	
Title:	VD	( ) Delete
Name:	DOLENSHEK, AL	
Address:	8870 N. PORT WASHINGTON ROAD	
City-St-Zip:	MILWAUKEE, WI 53217	
Title:	SD	( ) Delete
Name:	WIENER, MARK	
Address:	8870 N. PORT WASHINGTON ROAD	
City-St-Zip:	MILWAUKEE, WI 53217	
Title:	TD	( ) Delete
Name:	ZETLEY, MICHAEL	
Address:	8870 N. PORT WASHINGTON ROAD	
City-St-Zip:	MILWAUKEE, WI 53217	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: HOWAD M. ZETLEY P 04/06/2009

Electronic Signature of Signing Officer or Director — Date