2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N01000002487

Entity Name: MAGNOLIA COURT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O BANYAN PROPERTY MANAGEMENT
2328 S CONGRESS AVE STE 1-C
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

C/O BANYAN PROPERTY MANAGEMENT
2328 S CONGRESS AVE STE 1-C
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 04-3655630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER AND POLIAKOFF, PA
625 N. FLAGLER DRIVE
7TH FLOOR
WEST PALM BEACH, FL 33406 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: D ( ) Delete
Name: GATES, DAVID
Address: 337 S BROMELIAD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete
Name: WILLIAMS, CHARLES M III
Address: 346 TUXEDO LN
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP ( ) Delete
Name: SMITH, DONALD
Address: 333 SOUTH BROMELIAD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P ( ) Delete
Name: MASRI, MARY
Address: P.O. BOX 3167
City-St-Zip: PALM BEACH, FL 33480

Title: S ( ) Delete
Name: WEISS, STUART
Address: 324 N. BROMELIAD
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: BAKER, LAUREL
Address: 1909 SOUTH OLIVE AVE
City-St-Zip: WEST PALM BEACH, FL 33401

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: MARY MASRI PD 04/27/2009

Electronic Signature of Signing Officer or Director — Date