

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 733372

**Entity Name:** MAGNOLIA SQUARE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

501 EAST BAY DR  
LARGO, FL 33770

**Current Mailing Address:**

C/O CREATIVE MANAGEMENT  
5510 RIVER RD SUITE 104  
NEW PORT RICHY, FL 34652 US

**FEI Number:** 59-1774418

**Certificate of Status Desired:** No

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

KELLEY, HELEN  
C/O CREATIVE MANAGEMENT  
5510 RIVER RD SUITE 104  
NEW PORT RICHY, FL 34652 US

*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:** HELEN KELLEY

05/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PEACOCK, BARBARA  
Address        C/O CREATIVE MANAGEMENT  
                  5510 RIVER RD SUITE 104  
City-State-Zip: NEW PORT RICHY FL 34652

Title            VP  
Name            MULET DIAZ, EVELIO  
Address        C/O CREATIVE MANAGEMENT  
                  5510 RIVER RD SUITE 104  
City-State-Zip: NEW PORT RICHY FL 34652

Title            SECRETARY  
Name            KLEIST, CINDY  
Address        C/O CREATIVE MANAGEMENT  
                  5510 RIVER RD SUITE 104  
City-State-Zip: NEW PORT RICHY FL 34652

Title            TREASURER  
Name            MOFFITT, NORMAN  
Address        C/O CREATIVE MANAGEMENT  
                  5510 RIVER RD SUITE 104  
City-State-Zip: NEW PORT RICHY FL 34652

Title            DIRECTOR  
Name            MOFFITT, RICK  
Address        C/O CREATIVE MANAGEMENT  
                  5510 RIVER RD SUITE 104  
City-State-Zip: NEW PORT RICHY FL 34652

*I hereby 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 all other like empowered.*

**SIGNATURE:** MOFFITT , RICK

**DIRECTOR**

05/02/2023

Electronic Signature of Signing Officer/Director Detail

Date