

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733372

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

**Current Principal Place of Business:**

501 EAST BAY DRIVE  
LARGO, FL 34640

**Current Mailing Address:**

501 EAST BAY DRIVE  
LARGO, FL 34640

**FEI Number: 59-1774418**

**Certificate of Status Desired: No**

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

CONDO MANAGEMENT PLUS  
19535 GULF BLVD  
SUITE E  
INDIAN SHORES, FL 33785 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name MOFFITT, NORMAN  
Address 19535 GULF BLVD  
City-State-Zip: INDIAN SHORES FL 33785

Title D  
Name JORDAN, WAYNE  
Address 19535 GULF BLVD E  
City-State-Zip: INDIAN SHORES FL 33785

Title SECRETARY  
Name GRAHAM, HARRY  
Address 19535 GULF BLVD  
City-State-Zip: INDIAN SHORES FL 33785

Title VPD  
Name CORNELL, JAMES  
Address 19535 GULF BLVD  
City-State-Zip: INDIAN SHORES FL 33785

Title PRESIDENT  
Name PEACOCK, BARBARA  
Address 19535 GULF BLVD  
City-State-Zip: INDIAN SHORES FL 33785

*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: BARBARA PEACOCK**

**PRESIDENT**

**01/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date