

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008305

**Entity Name:** MAGNOLIA HARBOR HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504**Current Mailing Address:**908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 US**FEI Number: 56-2407108****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ETHERIDGE, KEVIN  
908 GARDENGATE CIRCLE  
PENSACOLA, FL 32504 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:** KEVIN ETHERIDGE

06/03/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           DENEEN, SARAH  
Address        1739 SOUND CREEK CT.  
City-State-Zip: NAVARRE FL 32566

Title            VP  
Name           JACOBSON, JENNY  
Address        1730 SOUND CREEK CT.  
City-State-Zip: NAVARRE FL 32566

Title            SECRETARY  
Name           WOOD, HOLLY  
Address        7400 MULBERRY LN.  
City-State-Zip: NAVARRE FL 32566

Title            TREASURER  
Name           PAYNE, ELLA  
Address        1764 MAGNOLIA HARBOR DR.  
City-State-Zip: NAVARRE FL 32566

Title            DIRECTOR  
Name           WILLIAMSON, SUZAN  
Address        7396 MULBERRY LN.  
City-State-Zip: NAVARRE FL 32566

Title            DIRECTOR  
Name           FITZSIMMONS, ANNMARIE  
Address        7364 MULBERRY LN.  
City-State-Zip: NAVARRE FL 32566

*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:** FITZSIMMONS, ANNMARIE**DIRECTOR**

06/03/2020

Electronic Signature of Signing Officer/Director Detail

Date