

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008409

**Entity Name:** MAGNOLIA DUNES OWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 09, 2021**  
**Secretary of State**  
**4600973030CC**

**Current Principal Place of Business:**

10221 EMERALD COAST PKWY WEST  
SUITE 5  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

10221 EMERALD COAST PKWY WEST  
SUITE 5  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 20-1693171

**Certificate of Status Desired:** No

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

GELDER, JAY B  
10221 EMERALD COAST PKWY WEST  
SUITE 5  
MIRAMAR BEACH, FL 32550 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:** JAY GELDER

04/09/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NOYES, MARK  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            VP  
Name            CORNO, VINCE  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            SECRETARY  
Name            PENNACHIO, KEITH  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            WILKE, TED  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            TREASURER  
Name            COSTANTINI, CARMINE  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 5  
City-State-Zip: MIRAMAR BEACH FL 32550

*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:** MARK NOYES

PRESIDENT

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date