

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21083

**Entity Name:** MAGNOLIA POINT COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

475 WEST TOWN PLACE #112  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

5455 A1A S  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 59-2874651

**Certificate of Status Desired:** No

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

MAY MANAGEMENT SERVICES, INC.  
5455 A1A S  
ST AUGUSTINE, FL 32080 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            PRES  
Name            BASTRESS, JON  
Address        5455 A1A S  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            VP, 1ST  
Name            BOUCHER, MICHAEL  
Address        5455 A1A S  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            SECRETARY  
Name            NISLEY, BILL  
Address        5455 A1A S  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            TREASURER  
Name            LOCHNER, JOHN  
Address        5455 A1A S  
City-State-Zip: ST. AUGUSTINE FL 32080

*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: JON BASTRESS**

**PRESIDENT**

**03/22/2024**

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

\_\_\_\_\_  
Date