

2021 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 FRANCISCO, LARRY
Address 5455 A1A S
City-State-Zip: ST. AUGUSTINE FL 32080

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

Title DIRECTOR
Name CHAO, JOE
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

Title DIRECTOR
Name HAYES, ED
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: LARRY FRANCISCO

PRESIDENT

03/12/2021

Electronic Signature of Signing Officer/Director Detail

Date