

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007567

**Entity Name:** MAGNOLIA TRACE AT CROSS CREEK PARCEL "M" ASSOCIATION, INC.

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC5896374027**

**Current Principal Place of Business:**

16609 ROUND OAK DRIVE  
TAMPA, FL 33618

**Current Mailing Address:**

P.O. BOX 342069  
TAMPA, FL 33694-2069

**FEI Number: 59-3624989**

**Certificate of Status Desired: No**

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

APPLETON, ERIC, ESQ. N  
BUSH ROSS, P.A.  
1801 N HIGHLAND AVE  
TAMPA, FL 33602 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 ASST. TREASURER

Name JARBOE, APRIL

Address 18225 COLLRIDGE DR

City-State-Zip: TAMPA FL 33647

Title PRESIDENT

Name HARRISON, JISLAYNE

Address 10541 SAN TRAVASO DRIVE

City-State-Zip: TAMPA FL 33647

Title SECRETARY

Name ALLEN, SEENA

Address 18107 ROYAL FOREST DRIVE

City-State-Zip: TAMPA FL 33647

Title VP

Name UPSHAW, CARNELL

Address 10536 SAN TRAVASO DRIVE

City-State-Zip: TAMPA FL 33647

*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: JISLAYNE HARRISON**

**P**

**01/17/2017**

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

\_\_\_\_\_  
Date