

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007567

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

**FILED**  
**Jan 28, 2014**  
**Secretary of State**  
**CC5916618451**

**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 SECRETARY  
Name JARBOE, APRIL  
Address 18225 COLLRIDGE DR  
City-State-Zip: TAMPA FL 33647

Title VP  
Name EMUS, TATHIANA  
Address 18202 COLLRIDGE DR.  
City-State-Zip: TAMPA FL 33647

Title PRESIDENT  
Name HARRISON, JISLAYNE  
Address 10541 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**

**PRESIDENT**

**01/28/2014**

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

\_\_\_\_\_  
Date