

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

DOCUMENT# N99000007567

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

**FILED**  
**Feb 12, 2021**  
**Secretary of State**  
**3503438528CC**

**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  
APPLETON, REISS & SIKOREWICZ, PLLC  
501 E KENNEDY BLVD. STE 802  
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            PRESIDENT  
Name            UPSHAW, CARNELL  
Address        P.O. BOX 342069  
City-State-Zip: TAMPA FL 33694-2069

Title            SECRETARY  
Name            BETT, SUSAN  
Address        PO BOX 342069  
City-State-Zip: TAMPA FL 33694-2069

Title            TREASURER  
Name            CASTRO, GARY  
Address        P.O. BOX 342069  
City-State-Zip: TAMPA FL 33694-2069

Title            DIRECTOR  
Name            GRAY, YAIMA  
Address        P.O. BOX 342069  
City-State-Zip: TAMPA FL 33694-2069

Title            DIRECTOR  
Name            EMUS, PAUL D  
Address        P.O. BOX 342069  
City-State-Zip: TAMPA FL 33694-2069

*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: CARNELL UPSHAW**

**PRESIDENT**

**02/12/2021**

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

\_\_\_\_\_  
Date