2006 NOT-FOR-PROFIT CORPORATION

Mar 28, 2006 8:00 am ANNUAL REPORT (AR) Secretary of State **DOCUMENT # 724875** 03-28-2006 90119 004 ****61.25 MAGNOLIA VALLEY CONDOMINIUM, INCORPORATED Principal Place of Business Mailing Address 7201 DELL RD. BOX 1593 NEW PORT RICHEY FL 34656 NEW PORT RICHEY FL 34653 2. Principal Place of Business 3. Mailing Address 1050-4 Cog Same Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number Applied For 59-1790943 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Pasco Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLL, FRANK J 7050 COGNAC DRIVE APT 4 NEW PORT RICHEY FL 34653 Street Address (P.O. Box Number is Not Acceptable) Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61:25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 \Box Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change ☐ Addition NAME GOLL, FRANK J NAME STREET ADDRESS 7050-4 COGNAC DR. STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TIFLE Change ☐ Addition DOUGLAS, PAUL NAME NAME STREET ADDRESS 7131-3 DELL RD STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY - ST - 7tP TITLE Delete TITLE ☐ Change ☐ Addition HARKINS, RICHARD NAME STREET ADDRESS 7030 COGNAC DR APT 3 STREET ADDRESS CITY-ST-71P NEW PORT RICHEY FL 34653 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME GOONAN, JOHN NAME STREET ADDRESS 7040-1 COGNAC DR STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ■ Addition WRIGHT, NORMAN NAME NAME 7201-2 DELL RD. STREET ADDRESS STREET ADDRESS NEW PORT RICHEY FL 34653 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition MCMAHON, MARILYN NAME NAME STREET ADDRESS 7151-4 DELL RD STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY FL 34653 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

FILED

SIGNATURE