2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 724875

Entity Name: MAGNOLIA VALLEY CONDOMINIUM, INCORPORATED

Current Principal Place of Business:

7131-3 DELL ROAD
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1593
NEW PORT RICHEY, FL 34656

New Mailing Address:

FEI Number: 59-1790943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOUGLAS, PAUL
7131-3 DELL ROAD
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	DOUGLAS, PAUL	
Address:	7131-3 DELL ROAD	
City-St-Zip:	NEW PORT RICHEY, FL 34653 US	
Title:	SD	( ) Delete
Name:	MCMAHON, MARILYN	
Address:	7131-4 DELL ROAD	
City-St-Zip:	NEW PORT RICHEY, FL 34653 US	
Title:	D	( ) Delete
Name:	GOONAN, JOHN	
Address:	7040-1 COGNAC DRIVE	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	D	( ) Delete
Name:	KUBECK, ED	
Address:	7050-1 COGNAC DR	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	D	(X) Delete
Name:	LONG, ROBERT	
Address:	7020-2 COGNAC DR	
City-St-Zip:	NEW PORT RICHEY, FL 34653	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL DOUGLAS DP 01/07/2009
Electronic Signature of Signing Officer or Director — Date