2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#733372

FILED Jan 22, 2007 Secretary of State

Entity Name: MAGNOLIA SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

501 EAST BAY DRIVE LARGO, FL 34640

Current Mailing Address: New Mailing Address:

501 EAST BAY DRIVE LARGO, FL 34640

FEI Number: 59-1774418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BIGGART, RAY 501 EAST BAY DRIVE #2203 LARGO, FL 33770 US

OFFICERS AND DIRECTORS:

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

Electronic eignature of registered / t

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: TD () Delete Title: TD (X) Change () Addition

 Name:
 ROVELSTAD, ARDIS
 Name:
 MOFFITT, NORM

 Address:
 13781 JOYCE DR
 Address:
 501 E BAY DR 3103

 City-St-Zip:
 LARGO, FL 33774
 City-St-Zip:
 LARGO, FL 33770

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 SUDAR, CAROLYN
 Name:
 HENGSTEBECK, SARAH

 Address:
 501 EAST BAY DRIVE #202
 Address:
 501 EAST BAY DRIVE #2501

City-St-Zip: LARGO, FL City-St-Zip: LARGO, FL

Title: PD () Delete Title: () Change () Addition

 Name:
 BIGGART, RAY
 Name:

 Address:
 EAST BAY DRIVE # 2203
 Address:

 City-St-Zip:
 LARGO, FL 33770
 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 CORBEIL, FRANK
 Name:

 Address:
 501 E BAY DR 2401
 Address:

 City-St-Zip:
 LARGO, FL 33770
 City-St-Zip:

 Name:
 MOFFITT, NORM
 Name:
 PEACOCK, BARB

 Address:
 501 E BAY DR 3103
 Address:
 501 E BAY DR 2601

 City-St-Zip:
 LARGO, FL 33770
 City-St-Zip:
 LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the 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: RAY BIGGART PD 01/22/2007