

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733372

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** MAGNOLIA SQUARE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

501 EAST BAY DRIVE  
LARGO, FL 34640

**New Principal Place of Business:**

**Current Mailing Address:**

501 EAST BAY DRIVE  
LARGO, FL 34640

**New Mailing Address:**

**FEI Number:** 59-1774418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

CONDO MANAGEMENT PLUS  
19535 GULF BLVD  
SUITE E  
INDIAN SHORES, FL 33785 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: JOYCE ADAMS

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: LEONARD, STEVE  
Address: 352 150TH AVE STE E  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D ( ) Delete  
Name: HENGSTEBECK, SARAH  
Address: 501 EAST BAY DRIVE #2501  
City-St-Zip: LARGO, FL

Title: PD ( ) Delete  
Name: BIGGART, RAY  
Address: EAST BAY DRIVE # 2203  
City-St-Zip: LARGO, FL 33770

Title: VPD ( ) Delete  
Name: CORBEIL, FRANK  
Address: 501 E BAY DR 2401  
City-St-Zip: LARGO, FL 33770

Title: SD ( ) Delete  
Name: PEACOCK, BARB  
Address: 501 E BAY DR 2601  
City-St-Zip: LARGO, FL 33770

**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: JOYCE ADAMS

LCAM

04/29/2009

Electronic Signature of Signing Officer or Director

Date