


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90059 034 ****61.25

DOCUMENT # 750671 1. Entity Name MAGNOLIA BLUFF CIVIC ASSOCIATION, INC.	
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Principal Place of Business 319 E BAY DR EASTPOINT, FL 32328	Mailing Address P O BOX 1003 EASTPOINT, FL 32328
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01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1680736	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOGAN, GUY P 319 E. BAY DR EASTPOINT, FL 32328
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**DO NOT WRITE
IN THIS SPACE**

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: *Guy P. Hogan* *Guy P. Hogan* *2/10/07*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ESTES, JOYCE P.O. BOX 585, 179 N. BAYSHORE DRIVE EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOGAN, MARILYN PO BOX 1003, 319 E. BAY DR. EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>M HASE, PATRICIA</i> <i>PO BOX 677</i> <i>EASTPOINT, FL 32328</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, with all other like empowered.

SIGNATURE: *Marilyn J. Hogan* *Marilyn J. Hogan* *2/10/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #