

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90031 020 ****61.25

DOCUMENT # 750671 1. Entity Name MAGNOLIA BLUFF CIVIC ASSOCIATION, INC.					
Principal Place of Business 319 E BAY DR EASTPOINT, FL 32328			Mailing Address P O BOX 1003 EASTPOINT, FL 32328		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOGAN, GUY P 319 E. BAY DR EASTPOINT, FL 32328			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Guy P. Hogan</u> <u>Guy P. Hogan</u> <u>1/12/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ESTES, JOYCE P.O. BOX 585, 179 N. BAYSHORE DRIVE EASTPOINT, FL 32328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Thomas, R. Wayne 199 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Brandt, Douglas 314 N Bayshore Dr East point, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HASE, PATRICIA PO BOX 677 EASTPOINT, FL 32328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Hase, Patricia P.O. Box 677 211N Bayshore Dr. Eastpoint, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hogan, Guy P.O. Box 1003 319 E Bay Drive Eastpoint, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: <u>Marilyn J. Hogan</u> <u>Secretary</u> <u>1/12/08</u> <u>850-670-4323</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					