

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750671

FILED
Jan 06, 2009
Secretary of State

Entity Name: MAGNOLIA BLUFF CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

319 E BAY DR
EASTPOINT, FL 32328

New Principal Place of Business:

Current Mailing Address:

P O BOX 1003
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 59-1680736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGAN, GUY P
319 E. BAY DR
EASTPOINT, FL 32328 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: P () Delete
Name: ESTES, JOYCE
Address: P.O. BOX 585, 179 N. BAYSHORE DRIVE
City-St-Zip: EASTPOINT, FL 32328

Title: S () Delete
Name: HOGAN, MARILYN
Address: PO BOX 1003, 319 E. BAY DR.
City-St-Zip: EASTPOINT, FL 32328

Title: T () Delete
Name: HOSE, PATRICIA
Address: PO BOX 677
City-St-Zip: EASTPOINT, FL 32328

Title: V () Delete
Name: THOMAS, WAYNE R
Address: 199 N BAYSHORE DR
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: BRANDT, DOUGLAS
Address: 314 N BAYSHORE DR
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: HOGAN, GUY
Address: POB 1003 319 E BAY DR
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ESTES, JOYCE
Address: P.O. BOX 585, 179 N. BAYSHORE DRIVE
City-St-Zip: EASTPOINT, FL 32328

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

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

Title: P (X) Change () Addition
Name: THOMAS, WAYNE R
Address: 199 N BAYSHORE DR
City-St-Zip: EASTPOINT, FL 32328

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: MARILYN HOGAN

S

01/06/2009

Electronic Signature of Signing Officer or Director

Date