

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750671

FILED
Jan 05, 2010
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: VP
Name: KOZLOWSKY, HENRY
Address: 55 S. BAYSHORE DR
City-St-Zip: EASTPOINT, FL 32328

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

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

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

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

Title: D
Name: HOFFRITZ, SUSAN
Address: 123 N. BAYSHORE DR
City-St-Zip: EASTPOINT, FL 32328

I hereby 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 all other like empowered.

SIGNATURE: MARILYN HOGAN

S

01/05/2010

Electronic Signature of Signing Officer or Director

Date