

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750671

FILED  
Jan 09, 2011  
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:**

123 N BAYSHORE DRIVE  
EASTPOINT, FL 32328

**Current Mailing Address:**

P O BOX 1003  
EASTPOINT, FL 32328

**New Mailing Address:**

123 N BAYSHORE DRIVE  
EASTPOINT, FL 32328

**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: INZETTA, MELANIE  
Address: 290 N BAYSHORE DRIVE  
City-St-Zip: EASTPOINT, FL 32328

Title: T  
Name: HOFFRITZ, SUSAN  
Address: 123 N BAYSHORE DRIVE  
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

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: SUSAN HOFFRITZ

T

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date