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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756650** (8)

1. Corporation Name
MAGNOLIA RIDGE CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., SUITE 110 LARGO FL 34640 US	Mailing Address C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., SUITE 110 LARGO FL 33770-8124 US
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3. Date Incorporated or Qualified 03/06/1981	3a. Date of Last Report 04/25/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2262428	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33770	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent INFINITI PROPERTY MANAGEMENT INC. 1301 SEMINOLE BLVD. SUITE 110 LARGO 34640-5183				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	33770

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KUDELKA, CARA		1.2 NAME	
STREET ADDRESS 3610-F MAGNOLIA RIDGE CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		1.4 CITY-ST-ZIP	
TITLE PTD	<input type="checkbox"/> DELETE	2.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUPUIS, RAY		2.2 NAME	
STREET ADDRESS 3581-B MAGNOLIA RIDGE CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VOLLMER, VELMA		3.2 NAME PRICE, PEGGY	
STREET ADDRESS 3580-D MAGNOLIA RIDGE CIRCLE		3.3 STREET ADDRESS 3585-B MAGNOLIA RIDGE CIR.	
CITY-ST-ZIP PALM HARBOR FL		3.4 CITY-ST-ZIP PALM HARBOR, FL 34684	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLCOMBE, MARILYN		4.2 NAME	
STREET ADDRESS 3591-F MAGNOLIA RIDGE CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WADENKLEE, FLORENCE		5.2 NAME	
STREET ADDRESS 3571-C MAGNOLIA RIDGE CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP PALM HARBOR FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cara Kudelka (Cara Kudelka) 4-24-97 (813) 785-8758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049634

CR2E037 (9/96)