


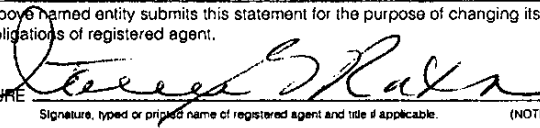
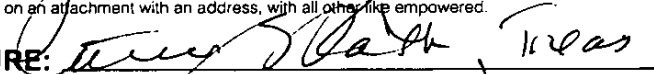
**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90419 046 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

20024305



<b>DOCUMENT # 756650</b>			
1. Entity Name MAGNOLIA RIDGE CONDOMINIUM I ASSOCIATION, INC.			
Principal Place of Business INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., SUITE 110 LARGO, FL 33770 US		Mailing Address C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., SUITE 110 LARGO, FL 33770 US	
2. Principal Place of Business 10730 U.S. 19		3. Mailing Address 10730 U. S. 19	
Suite, Apt. #, etc. Suite 17		Suite, Apt. #, etc. Suite 17	
City & State Port Richey, FL		City & State Port Richey, FL	
Zip 34668		Country Pasco	
Country Pasco		Zip 34668	
Country Pasco		Country Pasco	
6. Name and Address of Current Registered Agent INFINITI PROPERTY MANAGEMENT INC. 1301 SEMINOLE BLVD. SUITE 110 LARGO, FL 33770		7. Name and Address of New Registered Agent Name Qualified Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 10730 U. S. 19 Suite 17 City Port Richey FL Zip Code 34668	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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	<del>VD</del> <del>TOMLIN, CURTIS</del> <del>9591 E MAGNOLIA RIDGE CIR</del> <del>PALM HARBOR, FL 34684</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tomlin, Curtis 10730 U.S. 19, Suite 17 Port Richey, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <del>BRYANT, ARLINGTON</del> <del>9591 E MAGNOLIA RIDGE CIRCLE</del> <del>PALM HARBOR, FL 34684</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bryant, Arlington 10730 U.S. 19, Suite 17 Port Richey, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>STB</del> <del>MCNUTT, STEVEN</del> <del>3680 D MAGNOLIA RIDGE CIR</del> <del>PALM HARBOR, FL 34684</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD McNutt, Steven 10730 U.S. 19 Port Richey, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>HOLCOMBE, MARILYN</del> <del>8591 F MAGNOLIA RIDGE CIRCLE</del> <del>PALM HARBOR, FL 34684</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holcombe, Marilyn 10730 U.S. 19, Suite 17 Port Richey, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 5.26.06 727.420-9122	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	