


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90049 030 ****61.25

DOCUMENT # 756650

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



Principal Place of Business
 5901 U.S. 19
 SUITE 7Q
 NEW PORT RICHEY, FL 34652 US

Mailing Address
 5901 U.S. 19
 SUITE 7Q
 NEW PORT RICHEY, FL 34652 US

2. Principal Place of Business - No P.O. Box #
 3684 TAMPA RD
 Suite, Apt. #, etc.
 SUITE 6

3. Mailing Address
 3684 TAMPA RD
 Suite, Apt. #, etc.
 SUITE 6

City & State
 OLDSMAR FL

City & State
 OLDSMAR FL

Zip
 34677

Country
 USA

Zip
 34677

Country
 USA

6. Name and Address of Current Registered Agent

QUALIFIED PROPERTY MANAGEMENT, INC
 5901 U.S. 19
 SUITE 7Q
 NEW PORT RICHEY, FL 34652



04172008 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2262428

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
HERITAGE PROPERTY MANAGEMENT, INC

Street Address (P.O. Box Number is Not Acceptable)
 3684 TAMPA RD

City
 OLDSMAR FL

Zip Code
 34677

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 Charley J. Ballard *Charley J. Ballard* **Registered Agent** DATE 4/17/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRYANT, ARLINGTON 5901 U.S. 19, SUITE 7Q NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMLIN, CURTIS 5901 U.S. 19, SUITE 7Q NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCNUTT, STEVEN 5901 U.S. 19, SUITE 7Q NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLCOMBE, MARILYN 5901 U.S. 19, SUITE 7Q NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JOYCE 5901 U.S. 19, SUITE 7Q NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Curtis Tomlin *Curtis Tomlin* DATE 17 Apr '08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CURTIS TOMLIN