

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90050 018 ****61.25

DOCUMENT # *NO1000006882*

1. *Magnolia Crossing Condominium Association, Inc.*



7638 SWEET BAY CIRCLE
BRADENTON, FL 34203

2477 STICKNEY PT RD
118A
SARASOTA, FL 34231

50004333



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Chg-NP CR2E037 (11/05)

4. FEI Number
55-0791631

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGUS PROPERTY MANAGEMENT
2477 STICKNEY POINT RD STE 118A
SARASOTA, FL 34231

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FOSSLER, CHARLES D
7645 SWEET BAY CIRCLE
BRADENTON, FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
THOMAS, MARY ELAINE
7638 SWEET BAY CIRCLE
BRADENTON, FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GRAVES, JANICE L
7638 SWEET BAY CIRCLE
BRADENTON, FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SUMNER, ANDREW R
7638 SWEET BAY CIRCLE
BRADENTON, FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SMITH, TODD
7661 SWEET BAY CIRCLE
BRADENTON, FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LORRAINE YOUNG
7662 SWEET BAY CIRCLE
BRADENTON, FL 34203

☐ Delete

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: *Mary Elaine Thomas* MARY ELAINE THOMAS 3-8-06 941 7556830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #