2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008
Secretary of State

DOCUMENT# N02000000542

Entity Name: MAGNOLIA BAY TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

221 WALTON HEATH DRIVE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4656
WINTER PARK, FL 32793

New Mailing Address:

FEI Number: 75-3019983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PALMER, BETH A
221 WALTON HEATH DR
ORLANDO, FL 32828 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: DP ( ) Delete
Name: HALL, JONATHAN
Address: 4269 PLANTATION COVE DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: DS (X) Delete
Name: JOSEPH, NICOLE
Address: 4105 PLANTATION COVE DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: DT (X) Delete
Name: WILLIAMS, TIFFANY
Address: 4208 PLANTATION COVE DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: ROE, MATTHEW
Address: 4153 PLANTATION COVE
City-St-Zip: ORLANDO, FL 32810

Title: DV ( ) Delete
Name: KOTIAH, PATRICIA
Address: 4281 PLANTATION COVE DRIVE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JONATHAN HALL PD 09/08/2008
Electronic Signature of Signing Officer or Director — Date