

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90043 046 ****61.25

DOCUMENT # N02000003771					
1. Entity Name MAGNOLIA HILLS LIMITED PARTITION PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1200 RIVERPLACE BLVD., SUITE 902 JACKSONVILLE, FL 32207			Mailing Address 1200 RIVERPLACE BLVD., SUITE 902 JACKSONVILLE, FL 32207		
2. Principal Place of Business 1695-1 Metropolitan Circle Suite, Apt. #, etc.		3. Mailing Address 1695-1 Metropolitan Circle Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold;">50057704</div>	
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 51-0469325	
Zip 32308		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON ASHTON 1200 RIVERPLACE BLVD., SUITE 902 JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name: Pete Tyche Street Address (P.O. Box Number is Not Acceptable): 1695-1 Metropolitan Circle City: Tallahassee, FL 32308		
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: Pete Tyche 7/25/05 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	D DAHL, JAMES H 1200 RIVERPLACE BLVD., SUITE 902 JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1695-1 Metropolitan Circle Pete Tyche 1695-1 Metropolitan Circle Tallahassee, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHLER, JONATHAN C 1200 RIVERPLACE BLVD., SUITE 902 JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Pope, Director 1695-1 Metropolitan Circle Tallahassee, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LEE 1200 RIVERPLACE BLVD., SUITE 902 JACKSONVILLE, FL 32207	<input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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: Pete Tyche 7/25/05 (850) 523-7877 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					