

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004158

FILED
Apr 29, 2006
Secretary of State

Entity Name: MAGNOLIA RIDGE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

312 HIGHWAY 98
EASTPOINT, FL 32328

New Principal Place of Business:

Current Mailing Address:

PO BOX 705
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 45-0514780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTMAN, DANIEL W
207 WEST PARK AVENUE, SUITE B
TALLAHASSEE, FL 32301 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: VSD () Delete
Name: CRUM, JAMIE D
Address: 83 B HWY 98
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: BONDS, JEANNE
Address: 83 B HWY 98
City-St-Zip: EASTPOINT, FL 32328

Title: S/TR () Delete
Name: RUDZINSKI, BRANDT
Address: PO BOX 705
City-St-Zip: EASTPOINT, FL 32328

Title: P () Delete
Name: COX, WINFRED
Address: PO BOX 402
City-St-Zip: PIKEVILLE, TN 37367

Title: D () Delete
Name: WRAY, AARON
Address: 83 B HWY 98
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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 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: WINFRED COX

PRES

04/29/2006

Electronic Signature of Signing Officer or Director

Date