


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # N02000004725 1. Entity Name MAGNOLIA OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 1086 LONGWOOD DR WOODSTOCK, GA 31089	Mailing Address 1086 LONGWOOD DR WOODSTOCK, GA 31089
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01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3692826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANKLIN H WATSON, P.A.
5365 E CTY HWY 30-A, STE 105
SEAGROVE BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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

1111000534013
05/06/06-80146-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FLAIG, JOHN 1086 LONGWOOD DR WOODSTOCK, GA 30189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SMITH, WILLIAM H 4039 E CTY HWY 30-A SEAGROVE BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATSON, FRANKLIN H 5365 E CTY HWY 30-A, STE 105 SEAGROVE BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Jon Flaig **4/10/06** **770924-7811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #