

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000008715**

**1. Entity Name**  
**MAGNOLIA POINT RESIDENTS ASSOCIATION, INC**



**Principal Place of Business**  
**1862 COLONIAL DRIVE**  
**GREEN COVE SPRINGS, FL 32043 US**

**Mailing Address**  
**PO BOX 702**  
**GREEN COVE SPRINGS, FL 32043 US**



01122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 30-0128367	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PAGE, ROBERT C**  
**1862 COLONIAL DRIVE**  
**GREEN COVE SPRINGS, FL 32043**

**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, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

UN00000021010  
01/29/04-80091-011 \$1.25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	PAGE, ROBERT
<b>STREET ADDRESS</b>	1862 COLONIAL DR
<b>CITY-ST-ZIP</b>	GREEN COVE SPRINGS, FL 32043

<b>TITLE</b>	VD
<b>NAME</b>	BYRNE, LUKE
<b>STREET ADDRESS</b>	3682 BALTUSROL COURT
<b>CITY-ST-ZIP</b>	GREEN COVE SPRINGS, FL 32043

<b>TITLE</b>	S
<b>NAME</b>	GREENERT, CLYDE
<b>STREET ADDRESS</b>	3404 MEMORIAL COURT
<b>CITY-ST-ZIP</b>	GREEN COVE SPRINGS, FL 32043

<b>TITLE</b>	TD
<b>NAME</b>	ISGAN, ROBERT
<b>STREET ADDRESS</b>	1952 QUAKER RIDGE DR
<b>CITY-ST-ZIP</b>	GREEN COVE SPRINGS, FL 32043

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1.15.04** **904.529.9957**  
Date Daytime Phone #