

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008715

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** MAGNOLIA POINT RESIDENTS ASSOCIATION, INC

**Current Principal Place of Business:**

1862 COLONIAL DRIVE  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 702  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

**FEI Number:** 30-0128367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAGE, ROBERT C  
1862 COLONIAL DRIVE  
GREEN COVE SPRINGS, FL 32043 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: PD ( ) Delete  
Name: PAGE, ROBERT  
Address: 1862 COLONIAL DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD ( ) Delete  
Name: BYRNE, LUKE  
Address: 3682 BALTUSROL COURT  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S ( ) Delete  
Name: GREENERT, CLYDE  
Address: 3404 MEMORIAL COURT  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD ( ) Delete  
Name: ISGAN, ROBERT  
Address: 1952 QUAKER RIDGE DR  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**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: TD (X) Change ( ) Addition  
Name: KERRIGAN, JOE  
Address: 1924 COLONIAL DRIVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT C PAGE

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date