

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90082 032 ****61.25

DOCUMENT # N02000009647

1. Entity Name
MAGNOLIA PARK AT BAYSIDE LAKES HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
770 NORTH DR. SUITE A
MELBOURNE, FL 32934-9270

Mailing Address
770 NORTH DR. SUITE A
MELBOURNE, FL 32934-9270

40047113



2. Principal Place of Business

Mailing Address

Space Coast Property Management Space Coast Property Management

Suite, Apt. #, etc.

Suite, Apt. #, etc.

645 Classic Ct Suite 104 645 Classic Ct Suite 104

City & State
Melbourne FL

City & State
Melbourne FL

02142006 Chg-NP CR2E037 (11/05)

4. FEI Number
16-1660778

Applied For
Not Applicable

Zip
32940

Country

Zip
32940-

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEFFERIES, BENJAMINE
3391 BAYSIDE LAKES BLVD SE
PALM BAY, FL 32909

Name Space Coast Property Management
Street Address (P.O. Box Number is Not Acceptable)

645 Classic Ct Suite #104

City Melbourne FL Zip Code 32940

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.

MARK JACKSON

(NOTE: Registered Agent signature required when reinstating)

3/2/2006

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME JEFFERIES, BENJAMINE ☒ Delete
STREET ADDRESS 3391 BAYSIDE LAKES BLVD SE
CITY-ST-ZIP PALM BAY, FL 32909

TITLE President ☐ Change ☒ Addition
NAME Melody L Hamant
STREET ADDRESS 171 Ridgmont Cr. SE
CITY-ST-ZIP PALM Bay FL 32909

TITLE DS
NAME GOATLEY, COLEMAN ☒ Delete
STREET ADDRESS 3391 BAYSIDE LAKES BLVD SE
CITY-ST-ZIP PALM BAY, FL 32909

TITLE V. Pres. ☐ Change ☒ Addition
NAME EARL HINES
STREET ADDRESS 159 Ridgmont Cir SE
CITY-ST-ZIP PALM Bay, FL 32909

TITLE D
NAME THOMPSON, RONALD ☒ Delete
STREET ADDRESS 3391 BAYSIDE LAKES BLVD SE
CITY-ST-ZIP PALM BAY, FL 32909

TITLE Secretary ☐ Change ☒ Addition
NAME Michelle Cochran
STREET ADDRESS 251 Devlin Ct SE
CITY-ST-ZIP PALM Bay FL 32909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME George Russell
STREET ADDRESS 105 Ridgmont Cir SE
CITY-ST-ZIP PALM Bay FL 32909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR AT LARGE ☐ Change ☒ Addition
NAME DAN BOLEY
STREET ADDRESS 241 Devlin Ct SE
CITY-ST-ZIP PALM Bay FL 32909

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Melody Hamant

Melody HAMANT

3/22/06 321-626-8372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #