2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90050 034 ****61.25

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1. Entity Name
MAGNOLIA BAY AT SANDESTIN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
215 GRAND BLVD. DESTIN, FL 32550	215 GRAND BLVD. MIRAMAR BEACH, FL 32550

01252005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
12273 U.S. Highway 98	12273 U.S. Highway 98
Suite, Apt. #, etc. Suite 208	Suite, Apt. #, etc. Suite 208
City & State Destin, FL	City & State Destin, FL
Zip 32550 Country Walton	Zip 32550 Country Walton

4. FEI Number 59-3669512 ☐ Applied For ☐ Not Applicable

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
GORMLEY, TERRY P 215 GRAND BLVD. MIRAMAR BEACH, FL 32550	Name Walter D. Scott Street Address (P.O. Box Number is Not Acceptable) 12273 U.S. Highway 98 Suite 208 City Destin FL Zip Code 32550

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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, JUDITH 322 EAST CENTRAL BLVD. ORLANDO, FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LUCKING, CYNTHIA 819 ASHLAND AVE. WILMETTE, IL 60091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Cynthia Lucking 819 Ashland Ave. Wilmette, IL 60091 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FARRUGIA, CHRIS 4510 BAYBROOK DR. PENSACOLA, FL 32514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Chris Farrugia 4510 Baybrook Dr. Pensacola, FL 32514 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RUSSELL, ROBERT 202 HOLLY DR., OAK RIDGE ESTATES HAMMOND, LA 70401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Scott Michie 23 Old Tram Road Moultrie, GA 31768 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWERY, JEAN 2442 BARFIELD RD. MURFREESBORO, TN 37128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Chris P. Farrugia 3/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #