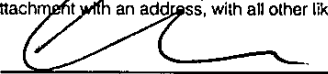


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90050 034 ****61.25

DOCUMENT # N03000004290 1. Entity Name MAGNOLIA BAY AT SANDESTIN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 215 GRAND BLVD. DESTIN, FL 32550			Mailing Address 215 GRAND BLVD. MIRAMAR BEACH, FL 32550		
2. Principal Place of Business 12273 U.S. Highway 98 Suite, Apt. #, etc. Suite 208 City & State Destin, FL Zip 32550		3. Mailing Address 12273 U.S. Highway 98 Suite, Apt. #, etc. Suite 208 City & State Destin, FL Zip 32550		4. FEI Number 59-3669512 Applied For ☐ Not Applicable	
Country Walton		Country Walton		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORMLEY, TERRY P 215 GRAND BLVD. MIRAMAR BEACH, FL 32550				7. Name and Address of New Registered Agent 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 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					