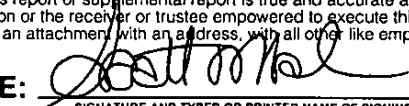


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90212 012 ****61.25

DOCUMENT # N03000004290 1. Entity Name MAGNOLIA BAY AT SANDESTIN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12273 US HWY 98 STE 208 DESTIN, FL 32550			Mailing Address 12273 US HWY 98 STE 208 DESTIN, FL 32550		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3669512	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCOTT, WALTER D 12273 US HWY 98 STE 208 DESTIN, FL 32550				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 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	ST	☐ Delete	TITLE	BP	☐ Change ☒ Addition
NAME	LUCKING, CYNTHIA		NAME	Robert Elliott	
STREET ADDRESS	819 ASHLAND AVE.		STREET ADDRESS	4161 Springhill Road	
CITY-ST-ZIP	WILMETTE, IL 60091		CITY-ST-ZIP	Midland, MI 48642	
TITLE	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	FARRUGIA, CHRIS		NAME	Scott Michie	
STREET ADDRESS	4510 BAYBROOK DR.		STREET ADDRESS	23 Old Tram Rd.	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	Moultrie, GA 31768	
TITLE	V	☐ Delete	TITLE	ST	☒ Change ☐ Addition
NAME	MICHIE, SCOTT		NAME	Cindy Lucking	
STREET ADDRESS	23 OLD TRAM RD		STREET ADDRESS	819 Ashland Ave	
CITY-ST-ZIP	MOULTRIE, GA 31768		CITY-ST-ZIP	Wilmette, IL 60091	
TITLE		☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME			NAME	Chris Farrugia	
STREET ADDRESS			STREET ADDRESS	4510 Baybrook Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date	
				Daytime Phone #	