

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90027 028 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3669512	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCOTT, WALTER D 12273 US HWY 98 STE 208 DESTIN, FL 32550				7. Name and Address of New Registered Agent Name: <u>Wim Starnes</u> Street Address (P.O. Box Number is Not Acceptable): <u>12273 U.S. Hwy 98, Suite 208</u> City: <u>Destin</u> FL Zip Code: <u>32550</u>	
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: <u>ABOUT</u>		DATE: <u>2/22/07</u>	
(NOTE: Registered Agent signature required when reinstating)		(NOTE: Registered Agent signature required when reinstating)		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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		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.			
TITLE ST NAME LUCKING, CYNTHIA STREET ADDRESS 819 ASHLAND AVE. CITY-ST-ZIP WILMETTE, IL 60091		☒ Delete		TITLE ST NAME Cindy Lucking STREET ADDRESS 2932 Pine Valley CITY-ST-ZIP Miramar Beach, FL 32550	
☒ Change ☐ Addition		TITLE P NAME SCOTT, MICHIE STREET ADDRESS 23 OLD TRAM RD CITY-ST-ZIP MOULTRIE, GA 31768		☒ Delete	
☒ Change ☐ Addition		TITLE ST NAME LUCKING, CINDY STREET ADDRESS 819 ASHLAND DR CITY-ST-ZIP WILMETTE, IL 60091		☒ Delete	
☒ Change ☐ Addition		TITLE VP NAME ELLIOT, ROBERT STREET ADDRESS C/O 4161 SPRINGHILL RD CITY-ST-ZIP MIDLAND, MI 48642		☐ Delete	
☐ Change ☐ Addition		TITLE D NAME FARRUGIA, CHRIS STREET ADDRESS 4510 BAY WOOD DR CITY-ST-ZIP PENSACOLA, FL 32514		☐ Delete	
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