

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004290

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** MAGNOLIA BAY AT SANDESTIN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12273 US HWY 98  
STE 208  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

12273 US HWY 98  
STE 208  
DESTIN, FL 32550

**New Mailing Address:**

**FEI Number:** 59-3669512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STARNES, JIM  
12273 US HWY 98  
STE 208  
DESTIN, FL 32550 US

**Name and Address of New Registered Agent:**

LEIRER, WALT  
12273 US HWY 98  
STE 208  
DESTIN, FL 32550 US

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.

SIGNATURE: WALT LEIRER

02/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: LUCKING, CYNTHIA  
Address: 2932 PINE VALLEY  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: P ( ) Delete  
Name: SCOTT, MICHIE  
Address: 8602 MAGNOLIA BAY  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D ( ) Delete  
Name: ELLIOT, ROBERT  
Address: C/O 4161 SPRINGHILL RD  
City-St-Zip: MIDLAND, MI 48642

Title: VP ( ) Delete  
Name: FARRUGIA, CHRIS  
Address: 4510 BAY WOOD DR  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LES NICHOLS

CAM

02/12/2009

Electronic Signature of Signing Officer or Director

Date