

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 17, 2009
Secretary of State

DOCUMENT# N03000004290

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:**C/O SOUTHERN ASSOCIATION MGMT
34894 EMERALD COAST PKWY
DESTIN, FL 32541**Current Mailing Address:**12273 US HWY 98
STE 208
DESTIN, FL 32550**New Mailing Address:**C/O SOUTHERN ASSOCIATION MGMT
34894 EMERALD COAST PKWY
DESTIN, FL 32541**FEI Number:** 59-3669512**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEIRER, WALT
12273 US HWY 98
STE 208
DESTIN, FL 32550 US**Name and Address of New Registered Agent:**SOUTHERN ASSOCIATION MGMT
34894 EMERALD COAST PKWY
DESTIN, FL 32541 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: JEFF CRESSE

04/17/2009

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: JEFF CRESSE

CAM

04/17/2009

Electronic Signature of Signing Officer or Director

Date