

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 18, 2006**  
**Secretary of State**

DOCUMENT# N03000007551

**Entity Name:** MAGNOLIA MEADOWS PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3099 NW CR 340  
BELL, FL 32619**New Principal Place of Business:****Current Mailing Address:**14811 NW 140 ST  
ALACHUA, FL 32615**New Mailing Address:****FEI Number:** 52-2442679**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BINGHAM, MARVIN W JR  
14811 NW 140 STREET  
ALACHUA, FL 32615 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** DOUGLAS, L. EDWIN  
**Address:** 8149 NE 50TH ST  
**City-St-Zip:** HIGH SPRINGS, FL 32643**Title:** VP ( ) Delete  
**Name:** DOUGLAS, GLADYS M  
**Address:** 8149 NE 50TH ST  
**City-St-Zip:** HIGH SPRINGS, FL 32643**Title:** ST ( ) Delete  
**Name:** ELLISON, RANDY  
**Address:** 5730 SW 166TH AVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33331**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP (X) Change ( ) Addition  
**Name:** DOUGLAS, M. NAOMI  
**Address:** 8149 NE 50TH ST  
**City-St-Zip:** HIGH SPRINGS, FL 32643**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS, L. EDWIN

P

05/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date