

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008305

FILED
Oct 20, 2005
Secretary of State

Entity Name: MAGNOLIA HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 56-2407108 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FOUNTAIN, KENNETH R
2045 FOUNTAIN PROFESSIONAL CT
SUITE A
NAVARRE, FL 32566 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: KENNETH R FOUNTAIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHULTE, KATHY
Address: 7400 MULBERRY LANE
City-St-Zip: NAVARRE, FL 32566

Title: DVP () Delete
Name: ARMSTRONG, WAYNE
Address: 1732 MAGNOLIA HARBOR DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: GATES, ROBERT
Address: 7406 MULBERRY LANE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MACDONALD, JAMES
Address: 7401 MULBERRY LANE
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHERINE SCHULTE

D

10/20/2005

Electronic Signature of Signing Officer or Director

Date