2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# N03000008305

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 ( )**

Name and Address of Current Registered Agent:

FOUNTAIN, KENNETH R
2045 FOUNTAIN PROFESSIONAL CT
SUITE A
NAVARRE, FL 32566 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: D ( ) Delete
Name: MACDONALD, JAMES
Address: 7401 MULBERRY LANE
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: MORGAN, DAVID
Address: 1768 MAGNOLIA HARBOR DRIVE
City-St-Zip: NAVARRE, FL 32566

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KLOS, DAVID
Address: 3908 CROSBY DR.
City-St-Zip: ST. LOUIS, MO 63123

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

Title: D (X) Change ( ) Addition
Name: PARSLEY, JOHN
Address: 1734 SOUND CREEK CT.
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 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: DAVID KLOS D 03/22/2007

Electronic Signature of Signing Officer or Director — Date