2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008305

FILED Aug 06, 2009 Secretary of State

Entity Name: MAGNOLIA HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1901 ANDORRA STREET NAVARRE, FL 32566

Current Mailing Address: New Mailing Address:

1901 ANDORRA STREET NAVARRE, FL 32566

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:

LYNCHARD, R, LANE 1901 ANDORRA STREET NAVARRE, FL 32566

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete KLOS, DAVID SCHULTE, KATHERINE Name: Name: Address:

3908 CROSBY DR. Address: 7400 MULBERRY LANE City-St-Zip: ST. LOUIS, MO 63123 City-St-Zip: NAVARRE, FL 32566

Title: () Delete Title: (X) Change () Addition SHULTE, KATHERINE Name: VANNOY, MICHAEL Name:

Address: 7400 MULBERRY LANE Address: 7392 OLD MAGNOLIA COURT City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566

Title: () Delete Title: () Change () Addition KUZMICKI, JANA Name: Name:

7405 MULBERRY LANE Address: Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip:

() Delete (X) Change () Addition Title: **TRES** Title: **TRES** Name: LIVERMORE, EVELYN Name: DENISE, VANNOY

1760 JOYBROOK RD Address: Address: 7392 OLD MAGNOLIA COURT City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566

Title: SEC. () Delete Title: (X) Change () Addition

VANNOY, DENISE KORSKI, HELENE Name: Name: 7392 OLD MAGNOLIA COURT 1752 JOYBROOK RD Address: Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566

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: KATHERINE M. SCHULTE **PRES** 08/06/2009

Electronic Signature of Signing Officer or Director

Date