

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001772

FILED
Nov 05, 2009
Secretary of State

Entity Name: MAGNOLIA BLUFF SUBDIVISION HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

1402 HWY 98
MEXICO BEACH, FL 32410

New Principal Place of Business:

1402 HWY 98
MEXICO BEACH, FL 32456

Current Mailing Address:

1402 HWY 98
MEXICO BEACH, FL 32410

New Mailing Address:

1402 HWY 98
MEXICO BEACH, FL 32456

FEI Number: 20-0780409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARMON, BARBARA
1402 HWY 98
MEXICO BEACH, FL 32410 US

Name and Address of New Registered Agent:

HARMON, BARBARA
1402 HWY 98
MEXICO BEACH, FL 32456 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: BARBARA G HARMON

11/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARMON, SAMUEL L
Address: P O BOX 13473
City-St-Zip: MEXICO BEACH, FL 32410

Title: VP () Delete
Name: HARMON, BARBARA
Address: P O BOX 13473
City-St-Zip: MEXICO BEACH, FL 32410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BARBARA HARMON

VP

11/05/2009

Electronic Signature of Signing Officer or Director

Date