

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

03-04-2005 90082 041 ****61.25

DOCUMENT # N04000005252 1. Entity Name MAGNOLIA BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8198 JOG ROAD STE 200 BOYNTON BEACH, FL 33437			Mailing Address 8198 JOG ROAD STE 200 BOYNTON BEACH, FL 33437		
2. Principal Place of Business 7100 W CAMINO REAL		3. Mailing Address 7100 W CAMINO REAL			
Suite, Apt. #, etc. SUITE 117		Suite, Apt. #, etc. SUITE 117			
City & State BOCA RATON, FL		City & State BOCA RATON, FL			
Zip 33433		Country USA		Zip 33433	
Country USA		4. FEI Number SS-0870629			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ABRAMS, DAVID E 8198 JOG ROAD STE 200 BOYNTON BEACH, FL 33437			7. Name and Address of New Registered Agent Name VALYO, PAUL Street Address (P.O. Box Number is Not Acceptable) 7100 W CAMINO REAL SUITE 117 City BOCA RATON FL Zip Code 33433		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>x Paul Valyo Paul Valyo</i> <i>Paul Valyo</i> <u>01/18/05</u> Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing. DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BIRNBAUM, LEWIS 8198 JOG ROAD STE 200 BOYNTON BEACH, FL 33437		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HORAN, MATTHEW 8198 JOG ROAD STE 200 BOYNTON BEACH, FL 33437		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REYNOLDS, MICHAEL 8198 JOG ROAD STE 200 BOYNTON BEACH, FL 33437		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>x Michael Reynolds</i> <i>Michael Reynolds</i> <u>02/10/05</u> <u>561-362-</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7444					

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