2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005
Secretary of State

DOCUMENT# N04000010674

Entity Name: SWEET MAGNOLIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6863 PROCTOR RD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

6863 PROCTOR RD.
TALLAHASSEE, FL 32309

Current Mailing Address:

6863 PROCTOR RD.
TALLAHASSEE, FL 32308

New Mailing Address:

6863 PROCTOR RD.
TALLAHASSEE, FL 32309

FEI Number: 20-1899860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANAUSA, DANIEL E
3520 THOMASVILLE RD., 4TH FLORIDA
TALLAHASSEE, FL 32309 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: THOMPSON, LEX C
Address: 6863 PROCTOR RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: THOMPSON, CAROL A
Address: 6863 PROCTOR RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: THOMPSON, JAMES L
Address: 13475 MIDDLEFIELD RD.
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: THOMPSON, LEX C
Address: 6863 PROCTOR RD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change ( ) Addition
Name: THOMPSON, CAROL A
Address: 6863 PROCTOR RD.
City-St-Zip: TALLAHASSEE, FL 32309

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

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: JAMES L THOMPSON D 02/15/2005
Electronic Signature of Signing Officer or Director — Date