

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008886

FILED
May 02, 2006
Secretary of State

Entity Name: MAGNOLIA TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3450 BUSCHWOOD PARK DR.
SUITE 250
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3450 BUSCHWOOD PARK DR.
SUITE 250
TAMPA, FL 33618

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

ZSCHAU, JULIUS J
2701 N. ROCKY POINT DR.
SUITE 900
TAMPA, FL 33607 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAVALIERE, DAVE
Address: 3450 BUSCHWOOD PARK DR., SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: V () Delete
Name: WILKINSON, CURT
Address: 3450 BUSCHWOOD PARK DR., SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: FIREBAUGH, CHLOE
Address: 3450 BUSCHWOOD PARK DR., SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: TD (X) Delete
Name: CORDILEONE, LESLEY
Address: 3450 BUSCHWOOD PARK DR., SUITE 250
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: WILKINSON, CURT
Address: 3450 BUSCHWOOD PARK DR., SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: STD (X) Change () Addition
Name: BAUM, ALLEN
Address: 3450 BUSCHWOOD PARK DR., SUITE 250
City-St-Zip: TAMPA, FL 33618

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 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: ALLEN BAUM

STD

05/02/2006

Electronic Signature of Signing Officer or Director

Date