


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N05000008886</b> 1. Entity Name <b>MAGNOLIA TRAILS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3450 BUSCHWOOD PARK DR. SUITE 250 TAMPA, FL 33618</b>			Mailing Address <b>9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>APPLIED FOR</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ZSCHAU, JULIUS J 2701 N. ROCKY POINT DR. SUITE 900 TAMPA, FL 33607</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CAVALIERE, DAVE 3450 BUSCHWOOD PARK DR., SUITE 250 TAMPA, FL 33618</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FIREBAUGH, CHLOE 3450 BUSCHWOOD PARK DR. SUITE 250 TAMPA, FL 33618</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MOON, JARED 3450 BUSCHWOOD PARK DR., SUITE 250 TAMPA, FL 33618</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BOND, KEVIN 3450 BUSCHWOOD PARK DR SUITE 250 TAMPA, FL 33618</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KRUIM, MARK 3450 BUSCHWOOD PARK DR., SUITE 250 TAMPA, FL 33618</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD EDWARDS, DAN 3450 BUSCHWOOD PARK DR. SUITE 250 TAMPA, FL 33618</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>800108202828</b> <b>08/16/07--01047--021 **61.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <b>President</b> <div style="float: right; text-align: right;"> <b>7/23/07</b> <b>813-775-7800</b>  <small>Date Daytime Phone #</small> </div>					

**FILED**

**07 AUG 10 PM 1:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



06282007 Chg-NP CR2E037 (12/06)