


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90110 007 ****61.25

DOCUMENT # N05000010698			
1. Entity Name MAGNOLIA PARK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 333 SO. TAMiami TRAIL SUITE 101 VENICE, FL 34285		Mailing Address 333 SO. TAMiami TRAIL SUITE 101 VENICE, FL 34285	
2. Principal Place of Business - No P.O. Box # 333 South Tamiami Trail Suite, Apt. #, etc. Suite 203 City & State Venice, FL		3. Mailing Address 333 South Tamiami Trail Suite, Apt. #, etc. Suite 203 City & State Venice, FL	
Zip 34285	Country US	Zip 34285	Country US
6. Name and Address of Current Registered Agent PARRISH, JAYNE E 333 SOUTH TAMiami TRAIL SUITE 101 VENICE, FL 34285		7. Name and Address of New Registered Agent Name: <u>MICHAEL W. MILLER</u> Street Address (P.O. Box Number is Not Acceptable): 333 South Tamiami Trail, Suite 203 City: <u>Venice</u> State: <u>FL</u> Zip Code: <u>34285</u>	
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: <u>[Signature]</u> DATE: <u>5/1/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PARRISH, JAYNE E 333 SO. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 South Tamiami Trail, Suite 203 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, MICHAEL W 333 SO. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 South Tamiami Trail, Suite 203 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CONDUT, CLIFF 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>STD</u> <u>Altmann, Robin</u> <u>333 S. Tamiami trail, Suite 203</u> <u>Venice, FL 34285</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
SIGNATURE: <u>[Signature]</u>		Date: <u>5/1/08</u> Daytime Phone #: <u>941-441-1656</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			