

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000010790**

1. Entity Name  
**MAGNOLIA BAY ESTATES OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**8 COLEMANS DRIVE  
SANTA ROSA BEACH, FL 32459**

Mailing Address  
**P.O. BOX 1605  
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-NP CR2E037 (4/06)

4. FE# Number  
**20-3747438**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SHIPMAN, GARY A  
1414 CO HWY 283 SOUTH  
SUITE B  
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HOOKS, JAN N  
8 COLEMANS DRIVE  
SANTA ROSA BEACH, FL 32459**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
HOOKS, II, JOHN W  
8 COLEMAN DRIVE  
SANTA ROSA BEACH, FL 32459**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
HICKMAN, JENNIFER N  
8 COLEMANS DRIVE  
SANTA ROSA BEACH, FL 32459**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000781684  
01/15/08-80045-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #