

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010790

FILED
Jan 27, 2009
Secretary of State

Entity Name: MAGNOLIA BAY ESTATES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8 COLEMANS DRIVE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

112 J. HUNTERS WAY
FREEPORT, FL 32439

Current Mailing Address:

P.O. BOX 1605
SANTA ROSA BEACH, FL 32459

New Mailing Address:

4507 FURLING LANE
THE PLAZA SUITE 113
DESTIN, FL 32541

FEI Number: 20-3747438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COMPASS ASSOCIATION MANAGEMENT
4507 FURLING LANE
SUITE 113
DESTIN, FL 32541 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: DEBRA D. HUGHES, CAM

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOOKS, JAN N
Address: 8 COLEMANS DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP () Delete
Name: HOOKS, II, JOHN W
Address: 8 COLEMAN DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ST () Delete
Name: HICKMAN, JENNIFER N
Address: 8 COLEMANS DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CULP, JOHNDRA
Address: 643 BLUE MOUNTAIN DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP (X) Change () Addition
Name: HICKMAN, KYLE
Address: 13607 OSPREY POINT DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: T (X) Change () Addition
Name: NGUYEN, DEBBIE
Address: 1948 WOODCREST RIDGE
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify 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: JOHNDRA CULP

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date