

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000000949 1. Entity Name MAGNOLIA BAY CLUB NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 8430 ENTERPRISE CIRCLE BRADENTON, FL 34202-4108		Mailing Address 8430 ENTERPRISE CIRCLE BRADENTON, FL 34202-4108	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 	
4905 W. LAUREL ST STE 100 TAMPA, FL 33607-3826		4905 W. LAUREL ST STE 100 TAMPA, FL 33607-3826	
4. FEI Number 20-4224578		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRILL, S. T 4905 WEST LAUREL STREET STE 100 TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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</small>		<div style="text-align: right;"> 700136105747 09/18/08--01047--002 **61.25 <small>DATE</small> </div>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MOSEY, MICHAEL J 877 EXECUTIVE CENTER DR W SUITE 205 ST PETERSBURG, FL 337022472 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEFFENS, LOUIS E. 4905 W. LAUREL ST, STE 100 TAMPA, FL 33607-3826 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GLANTZ, ROBERT E 877 EXECUTIVE CENTER DR W SUITE 205 ST. PETERSBURG, FL 33702 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLANTZ, ROBERT E. 4905 W. LAUREL ST, STE 100 TAMPA, FL 33607-3826 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FOOTE, TERRY L 877 EXECUTIVE CENTER DR W SUITE 205 ST. PETERSBURG, FL 33702 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FOOTE, TERRY L. 4905 W. LAUREL ST, STE 100 TAMPA, FL 33607-3826 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST COHEN, ANN S 877 EXECUTIVE CENTER DR W SUITE 205 ST. PETERSBURG, FL 33702 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MERRILL, S. TODD 877 EXECUTIVE CENTER DR W SUITE 205 ST. PETERSBURG, FL 33702 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MERRILL, S. TODD 4905 W. LAUREL ST, STE 100 TAMPA, FL 33607-3826 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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:		S. Todd Merrill Assistant Secretary	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 09/11/08 Daytime Phone # 813-227-4242	