

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000949

FILED  
May 01, 2009  
Secretary of State

Entity Name: MAGNOLIA BAY CLUB NEIGHBORHOOD ASSOCIATION, INC.

## Current Principal Place of Business:

4905 W. LAUREL ST.  
STE 100  
TAMPA, FL 336073826

## New Principal Place of Business:

2827 JOAN AVENUE  
SUITE B  
PANAMA CITY BEACH, FL 32408

## Current Mailing Address:

4905 W. LAUREL ST.  
STE 100  
TAMPA, FL 336073826

## New Mailing Address:

PO BOX 9064  
PANAMA CITY BEACH, FL 32417

FEI Number: 20-4224578      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MERRILL, S. T  
4905 WEST LAUREL STREET  
STE 100  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

ROWAN, DENISE  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32402 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: DENISE ROWAN

05/01/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: STEFFENS, LOUIS E  
Address: 4905 W. LAUREL ST., STE 100  
City-St-Zip: TAMPA, FL 336073826

Title: PD (X) Delete  
Name: GLANTZ, ROBERT E  
Address: 4905 W. LAUREL ST., STE 100  
City-St-Zip: TAMPA, FL 336073826

Title: VD (X) Delete  
Name: FOOTE, TERRY L  
Address: 4905 W. LAUREL ST., STE 100  
City-St-Zip: TAMPA, FL 336073826

Title: AS (X) Delete  
Name: MERRILL, S. TODD  
Address: 4905 W. LAUREL ST., STE 100  
City-St-Zip: TAMPA, FL 336073826

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HILLSTROM, MICHAEL  
Address: 201 EAST KENNEDY BLVD 20TH FLOOR  
City-St-Zip: TAMPA, FL 33602

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TAMMY MALLORY

MGR

05/01/2009

Electronic Signature of Signing Officer or Director

Date