

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90067 034 \*\*\*\*61.25

<b>DOCUMENT # N06000006047</b> 1. Entity Name <b>MAGNOLIA OAKS PROPERTY ASSOCIATION, INC.</b>					
Principal Place of Business 6915 S.R. 54 NEW PORT RICHEY, FL 34653			Mailing Address 6915 S.R. 54 NEW PORT RICHEY, FL 34653		
2. Principal Place of Business - No P.O. Box # <b>491 Hammock Dr.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Palm Harbor FL</b>		City & State			
Zip <b>34683</b>	Country <b>US</b>	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CASSON, CHARLES P</b> <b>6915 S.R. 54</b> <b>NEW PORT RICHEY, FL 34653</b>			7. Name and Address of New Registered Agent Name <b>MARTY SKAPIK</b> Street Address (P.O. Box Number is Not Acceptable) <b>491 Hammock Dr.</b> City <b>Palm Harbor</b> <div style="float: right;"> <b>FL</b> Zip Code  <b>34683</b> </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 <u>Marty Skapik - MARTY SKAPIK - President</u> <span style="float: right;">2/8/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSON, CHARLES P 6915 S.R. 54 NEW PORT RICHEY, FL 34653 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTY SKAPIK - President 491 Hammock Dr. Palm Harbor FL 34683 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLACKWELL, GARY L 6915 S.R. 54 NEW PORT RICHEY, FL 34653 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Noel Huston 2132 Cedar Dr. Dadeville FL 34698 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OLSON, JACQUELINE L 6915 S.R. 54 NEW PORT RICHEY, FL 34653 <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	<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>	
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.					
<b>SIGNATURE:</b> <u>Marty Skapik - MARTY SKAPIK - Pres.</u> <span style="float: right;">2/8/07 727-647-1461</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					