


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90043 032 ****61.25

DOCUMENT # N11595 1. Entity Name MAGNOLIA HOUSE CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 480 GULF SHORE DR DESTIN, FL 32541 US			Mailing Address 480 GULF SHORE DR DESTIN, FL 32541 US			
2. Principal Place of Business		3. Mailing Address 205 BROOKS ST SE				
Suite, Apt. #, etc.		Suite, Apt. #, etc. 201				
City & State		City & State FORT WALTON BEACH FL				
Zip	Country	Zip 32548	Country US	4. FEI Number 13-3318273		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KRAEMER, MARY 607 HWY 90 EAST DESTIN, FL 32541			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. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>						
Filing Fee is \$61.25 Due by September 6, 2006		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	D SMITH, MARK 3311 ORLEANS DR NASHVILLE, TN 37212		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMENTS, DANIEL 134 BELL RD MONTGOMERY AL 36117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, TOM 7416 FOREST VIEW DRIVE HUDSONVILLE, MI 49426		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T JOHNSON, TOM 7416 FOREST VIEW DR HUDSONVILLE MI 49426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JAMES R 399 CROPWELL POINT CROPWELL, AL 35054		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DS DAVENPORT, DAVE 2633 AUTUMN TRAILS DR MISHAWAKA, IN 46544	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESTER, RANDY 1702 GREENWYCHE ROAD HUNTSVILLE, AL 35801		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD HESTER, RANDY 1305 BIG COVE RD HUNTSVILLE AL 35801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MYLER, STEPHEN 480 GULF SHORE DRIVE DESTIN, FL 32541		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WISE, PEGGY 823 TARPON DRIVE FORT WALTON BEACH, FL 32548		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>Randy Hester</i> 5-11-06 850 664 6000 <small>Date Daytime Phone #</small>		