ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State
02-15-2007 90044 038 ****61.25

DOCUMENT # N15779

1. Entity Name
MAGNOLIA BLUFF PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business
MAGNOLIA BLUFF HOMEOWNERS ASS.

Mailing Address
1046 SW. MAGNOLIA BLUFF DR
PALM CITY
FLA 34990

02072007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0114605 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name JOHN CASTLE

Street Address (P.O. Box Number is Not Acceptable)
1046 SW MAGNOLIA BLUFF DR

PALM CITY

City FLA FL Zip Code 34990

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 J R castle 12th Feb 07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	SD ESSNER, NORMAN 1035 SW MAGNOLIA BLUFF DR. PALM CITY, FL 43990	☒ Delete	SD MULLER KENNETH 1026 SW MAGNOLIA BLUFF DR PALM CITY FLA 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILLER, KENNETH 1026 SW MAGNOLIA BLUFF DRIVE PALM CITY, FL 34990	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HUGGINS, EDDIE, 1105 SW MAGNOLIA BLUFF DR. PALM CITY, FL 34990	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOSS, ROBERT 1005 SW MAGNOLIA BLUFF DRIVE PALM CITY, FL 34990	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTLE, JOHN 1046 SW MAGNOLIA BLUFF DR PALM CITY, FL 34990	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3VP SCHRECK, VIVIAN 1086 SW MAGNOLIA BLUFF DRIVE PALM CITY, FL 34990	☒ Delete	SCHRECK GERRY 1086 SW MAGNOLIA BLUFF DR PALM CITY FLA 34990	☒ Change ☐ 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: J R castle 12th Feb. 07 220-0156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #