2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State
05-30-2008 90214 040 ****61.25

DOCUMENT # N15779

1. Entity Name

MAGNOLIA BLUFF PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
969 SOUTH FEDERAL HIGHWAY SUITE 401 STUART FL 34994 US	969 SOUTH FEDERAL HIGHWAY SUITE 401 STUART FL 34994 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1035 SW MAGNOLIA BLUFF DR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM CITY FL	City & State
Zip: 34990 Country: MARTIN	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
CORNETT, JANE L 401 EAST OSCEOLA STREET STUART FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 MILLER, KENNETH 1026 SW MAGNOLIA BLUFF DR. PALM CITY FL 34990	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBERT VOSS 1005 SW MAGNOLIA BLUFF DR PALM City, FL 34990 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOSS, ROBERT 1005 SW MAGNOLIA BLUFF DRIVE PALM CITY FL 34990	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARK SPEARS 1225 SW MAGNOLIA BLUFF DR PALM City, FL 34990 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTLE, JOHN 1046 SW MAGNOLIA BLUFF DR PALM CITY FL 34990	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROBERT DRISCOLL 1226 SW MAGNOLIA BLUFF DR, PALM City, FL 34990 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3VP SCHRECK, GERRY 1086 SW MAGNOLIA BLUFF DR. PALM CITY FL 34990	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PRISCILLA HUGGINS 1146 SW MAGNOLIA BLUFF DR PALM City, FL 34990 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NOAM JACQUES 1035 SW MAGNOLIA BLUFF DR PALM City, FL 34990 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRIS DONLEY 1165 SW MAGNOLIA BLUFF DR PALM City, FL 34990 ☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Noam Jacques 5-6-08 772-223-8434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Telephone