2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N15779

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

Current Principal Place of Business:

1035 SW MAGNOLIA BLUFF DR
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

1035 SW MAGNOLIA BLUFF DR
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 65-0114605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORNETT, JANE L
401 EAST OSCEOLA STREET
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VOSS, ROBERT
Address: 1005 SW MAGNOLIA BLUFF DR
City-St-Zip: PALM CITY, FL 34990

Title: V ( ) Delete
Name: SPEARS, MARK
Address: 1225 SW MAGNOLIA BLUFF DR
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V ( ) Change (X) Addition
Name: DRISCOLL, ROBERT
Address: 1226 SW MAGNOLIA BLUFF DR.
City-St-Zip: PALM CITY, FL 34990

Title: S ( ) Change (X) Addition
Name: HUGGINS, PRISCILLA
Address: 1146 SW MAGNOLIA BLUFF DR.
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Change (X) Addition
Name: JACQUES, NORM
Address: 1035 SW MAGNOLIA BLUFF DR.
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Change (X) Addition
Name: DONLEY, CHRIS
Address: 1165 SW MAGNOLIA BLUFF DR.
City-St-Zip: PALM CITY, FL 34990

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: NORM JACQUES T 01/29/2009

Electronic Signature of Signing Officer or Director — Date