## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N20060

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jan 10, 2006 Secretary of State

Entity Name: MAGNOLIA CREEK HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 290 MAGNOLIA CREEK RD SANTA ROSA BEACH, FL 32459 **Current Mailing Address: New Mailing Address:** 290 MAGNOLIA CREEK RD SANTA ROSA BEACH, FL 32459 FEI Number: 59-3412941 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REISER, ROBERT J 290 MAGNOLIA CREEK RD SANTA ROSA BEACH, FL 32459 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SACHSE, TIMOTHY D SACHSE, TIMOTHY D Name: Name: 292 MAGNOLIA CREEK RD Address: 292 MAGNOLIA CREEK RD Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459 Title: STD () Delete Title: (X) Change ( ) Addition WEBSTER, JOHN Name: WEBSTER, JOHN Name: Address: 240 MAGNOLIA CREEK ROAD Address: 240 MAGNOLIA CREEK ROAD City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459 Title: () Delete Title: () Change () Addition DEVINE, JOHN P Name: Name: 342 MAGNOLIA CREEK RD Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

STD

REISER, JOHN A

142 MAGNOLIA CREEK ROAD

SANTA ROSA BEACH, FL 32459

SIGNATURE: JOHN WEBSTER PRES 01/10/2006

() Delete

282 MAGNOLIA CREEK ROAD

142 MAGNOLIA CREEK ROAD

SANTA ROSA BEACH, FL 32459

SANTA ROSA BEACH, FL 32459

() Delete

LILES, DOUGLAS

REISER, JOHN A

() Change () Addition

(X) Change ( ) Addition