2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# N20060

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

Current Principal Place of Business:

290 MAGNOLIA CREEK RD
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

290 MAGNOLIA CREEK RD
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3412941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REISER, ROBERT J
290 MAGNOLIA CREEK RD
SANTA ROSA BEACH, FL 32459 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: D ( ) Delete
Name: SACHSE, TIMOTHY D
Address: 292 MAGNOLIA CREEK RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PD ( ) Delete
Name: WEBSTER, JOHN
Address: 240 MAGNOLIA CREEK ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: DEVINE, JOHN P
Address: 342 MAGNOLIA CREEK RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: LILES, DOUGLAS
Address: 282 MAGNOLIA CREEK ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD ( ) Delete
Name: REISER, JOHN A
Address: 142 MAGNOLIA CREEK ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHUDDE, LOUIS
Address: 226 MAGNOLIA CREEK RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

Title: D (X) Change ( ) Addition
Name: NAMNIEK, DEAN
Address: P.O. BOX 2091
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Change ( ) Addition
Name:
Address:
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.

SIGNATURE: JOHN WEBSTER DP 01/06/2007

Electronic Signature of Signing Officer or Director — Date