


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90406 043 ****61.25

DOCUMENT # N41125					
1. Entity Name MAGNOLIA SHORES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 222 UNIVERSITY BLVD. N. # 1 JACKSONVILLE, FL 32211			Mailing Address 222 UNIVERSITY BLVD. N. # 1 JACKSONVILLE, FL 32211		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHRISTIAN, GARY I SUITE 101, 3100 UNIV. BLVD. SO. JACKSONVILLE, FL 32216				Name <u>Denise Allinson</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>222 Univ. Blvd N #2</u>	
				<u>Jacksonville</u>	
				City	
				FL	
				Zip Code <u>32211</u>	
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 <u>Denise Allinson</u>				DATE <u>4/19/06</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD <input type="checkbox"/> Delete	TITLE		D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELLS, BEVERLE	NAME			
STREET ADDRESS	222 UNIVERSITY BLVD N #3	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ROBERT L JR	NAME			
STREET ADDRESS	222 UNIVERSITY BLVD N #1	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE		D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCULLOUGH, PATRICIA	NAME			
STREET ADDRESS	220 UNIVERSITY BLVD N #2	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLINSON, DENISE	NAME			
STREET ADDRESS	222 UNIVERSITY BLVD N #2	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, LYNNE	NAME			
STREET ADDRESS	220 UNIVERSITY BLVD N #3	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCULLOUGH, DAVID	NAME			
STREET ADDRESS	220 UNIVERSITY BLVD N	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP			
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: <u>[Signature]</u>				DATE <u>4/19/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>705-3188</u>	