


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02252007. No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3252023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALLINSON, DENISE
 222 UNIV. BLVD N #2
 JACKSONVILLE, FL 32211

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, BEVERLE 222 UNIVERSITY BLVD N #3 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, ROBERT L JR 222 UNIVERSITY BLVD N #1 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, PATRICIA 220 UNIVERSITY BLVD N #2 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLINSON, DENISE 222 UNIVERSITY BLVD N #2 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, LYNNE 220 UNIVERSITY BLVD N #3 JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCULLOUGH, DAVID 220 UNIVERSITY BLVD N JACKSONVILLE, FL 32211

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 03/07/07-80074-003 61.25

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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: *R.L. Johnson, Jr* R.L. Johnson, Jr Treasurer 2-26-07 904 725-3188
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #