

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41125

FILED
Mar 31, 2009
Secretary of State

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

Current Principal Place of Business:

222 UNIVERSITY BLVD. N.
1
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

222 UNIVERSITY BLVD. N.
1
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3252023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLINSON, DENISE
222 UNIV. BLVD N #2
JACKSONVILLE, FL 32211 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: WELLS, BEVERLE
Address: 222 UNIVERSITY BLVD N #3
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD () Delete
Name: JOHNSON, ROBERT L JR
Address: 222 UNIVERSITY BLVD N #1
City-St-Zip: JACKSONVILLE, FL 32211

Title: PD () Delete
Name: MCCULLOUGH, PATRICIA
Address: 220 UNIVERSITY BLVD N #2
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: ALLINSON, DENISE
Address: 222 UNIVERSITY BLVD N #2
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD () Delete
Name: JACKSON, LYNNE
Address: 220 UNIVERSITY BLVD N #3
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: MCCULLOUGH, DAVID
Address: 220 UNIVERSITY BLVD N
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: ROBERT JOHNSON

TD

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date