

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41125

FILED
May 27, 2012
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
Name: WELLS, BEVERLE
Address: 222 UNIVERSITY BLVD N #3
City-St-Zip: JACKSONVILLE, FL 32211

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

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

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

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

Title: D
Name: MCCULLOUGH, DAVID
Address: 220 UNIVERSITY BLVD N #2
City-St-Zip: JACKSONVILLE, FL 32211

I hereby 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 all other like empowered.

SIGNATURE: ROBERT L. JOHNSON, JR.

TD

05/27/2012

Electronic Signature of Signing Officer or Director

Date