2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43260

FILED Mar 12, 2005 Secretary of State

Entity Name: MAGNOLIA WOODS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

19 SILK MOSS CT

SOUTH DAYTONA, FL 32119 US

Current Mailing Address: New Mailing Address:

19 SILK MOSS CT

SOUTH DAYTONA, FL 32119 US

FEI Number: 59-3112576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRIOR, HOLLY TD 19 SILK MOSS CT PRIOR, HOLLY TD 19 SILK MOSS CT

SOUTH DAYTONA, FL 32119 US SOUTH DAYTONA, FL 32119 US

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: HOLLY PRIOR 03/12/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD () Delete Title: PD (X) Change () Addition

 Name:
 HILDERBRANDT, LIBBY
 Name:
 GUNSALLAS, RICHARD

 Address:
 48 SILK MOSS CT
 Address:
 31 SILK MOSS COURT

 City-St-Zip:
 S. DAYTONA, FL 32119
 City-St-Zip:
 S. DAYTONA, FL 32119

Title: VSD () Delete Title: VSD (X) Change () Addition Name: ROBERTS, DENNIS Name: STATON, TROY

 Address:
 23 SILK MOSS COURT
 Address:
 43 SILK MOSS COURT

 City-St-Zip:
 S. DAYTONA, FL 32119
 City-St-Zip:
 S. DAYTONA, FL 32119

Title: TD () Delete Title: TD (X) Change () Addition

Name:PRIOR, HOLLYName:PRIOR, HOLLYAddress:19 SILK MOSS CTAddress:19 SILK MOSS COURT

City-St-Zip: SOUTH DAYTONA, FL 32119 US City-St-Zip: SOUTH DAYTONA, FL 32119 US

Title: () Delete Title: SD () Change (X) Addition

Name: Name: PIPKINS, JULIE
Address: Address: 39 SILK MOSS COURT

City-St-Zip: City-St-Zip: SOUTH DAYTONA, FL 32119 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HOLLY PRIOR TD 03/12/2005