

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90055 012 ****61.25

DOCUMENT # N47543

1. Entity Name

MAGNOLIA LAKES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2017 W DEL WEBB
SUN CITY CENTER FL 33573
US

P O BOX 5631
SUN CITY CENTER FL 33571
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3124226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOLAN, JAMES
2017 W DEL WEBB
SUN CITY CENTER FL 33573

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **JAMES NOLAN, PRESIDENT**

James A. Nolan

2/8/07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$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	PD	<input type="checkbox"/> Delete
NAME	NOLAN, JAMES	
STREET ADDRESS	2017 W DEL WEBB	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BALTER, HELGA	
STREET ADDRESS	2021 GARDENIA LANDINGS	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRAMER, JOSEPH	
STREET ADDRESS	2015 GARDENIA LANDINGS LANE	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCK, THERESA	
STREET ADDRESS	1705 MAGNOLIA LANDINGS	
CITY - ST - ZIP	SUN CITY CENTER, FL. 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERNER, PAUL	
STREET ADDRESS	2016 W DEL WEBB	
CITY - ST - ZIP	SUN CITY CENTER, FL. 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James A. Nolan*

JAMES NOLAN, PRES.

2/8/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #