


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N49140 1. Entity Name MAGNOLIA ISLAND HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 835 LEOPARD TRAIL WINTER SPRINGS, FL 32708 US	Mailing Address 835 LEOPARD TRAIL WINTER SPRINGS, FL 32708 US
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01202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3126700	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WRIGHT, LYNN W ESQ. 2716 REW CIR., STE. 102 OCOE, FL 34761	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARONE, JOHN 17401 MAGNOLIA ISLAND BLVD. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLS, TYRONE 17408 MAGNOLIA ISLAND BLVD. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUDD, HENRIETTA 17229 MAGNOLIA ISLAND BLVD. CLERMONT, FL 34711
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02/05/08-80026-029 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Henrietta Rudd 1/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Henrietta Rudd, Secy/Treas