2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49140

FILED Mar 04, 2009 Secretary of State

Entity Name: MAGNOLIA ISLAND HOMEOWNERS ASSOCIATION, INC.

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

835 LEOPARD TRAIL

WINTER SPRINGS, FL 32708 US

Current Mailing Address: New Mailing Address:

835 LEOPARD TRAIL

WINTER SPRINGS, FL 32708 US

FEI Number: 59-3666947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WRIGHT, LYNN W ESQ. WRIGHT, LYNN W ESQ. 2716 REW CIR., STE. 102 2711 REW CIR. SUITE B OCOEE, FL 34761 OCOEE, FL 34761

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: 03/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BARONE, JOHN CORSON, EDGAR Name: Name:

17401 MAGNOLIA ISLAND BLVD. Address: 17110 MAGNOLIA ISLAND BLVD. Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

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

Name: WELLS, TYRONE Name: WIEST, LINDA Address: 17408 MAGNOLIA ISLAND BLVD. Address: 17029 MAGNOLIA ISLAND BLVD.

CLERMONT, FL 34711

City-St-Zip: CLERMONT, FL 34711 City-St-Zip:

Title: STD () Delete Title: SECR (X) Change () Addition RUDD, HENRIETTA Name: COX, JILL Name:

17229 MAGNOLIA ISLAND BLVD. 17311 MAGNOLIA ISLAND BLVD. Address: Address:

City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

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: EDGAR CORSON **PRES** 03/04/2009