


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90060 009 ****61.25

DOCUMENT # N93000000515

1. Entity Name
MAGNOLIA VILLAGE I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
% GJ REAL ESTATE, INC. **% GJ REAL ESTTE INC**
200 WILLARD ST 2 B **200 WILLARD ST 2 B**
COCOA, FL 32922 US **COCOA, FL 32922 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
% Platinum Coast Mgmt *% Platinum Coast Management*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2625 N. Harbor City Blvd #2 *2625 N. Harbor City Blvd*

01082007 Chg-NP CR2E037 (12/06)

City & State City & State
Melbourne, FL *Melbourne, FL Suite 2*

4. FEI Number Applied For
59-3213829 Not Applicable

Zip Country Zip Country
32935 *USA* *32935* *USA*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JONES, GAYLE
200 WILLARD ST.
SUITE 2-B
COCOA, FL 32922

7. Name and Address of New Registered Agent
 Name *Jennifer Nusl*
 Street Address (P.O. Box Number is Not Acceptable)
3895 Veranda Ct
 City *Melbourne* FL Zip Code *32901*

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 *Jennifer Nusl* DATE *3-6-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAREY, JAMES 3894 VERANDA CT MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BREIER, PATRICIA 3898 VERANDA CT MELBOURNE, FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NUSL, JENNIFER 3895 VERANDA CT. MELBOURNE, FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TACKETT, Jeffrey 6556 Old Carriage Drive Alexandria, Va 22315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jennifer Nusl* DATE *3-6-07* 321-952-5037
Signature and typed or printed name of signing officer or director Date Daytime Phone #