

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2007 90060 010 ****61.25

DOCUMENT # N93000000517 1. Entity Name MAGNOLIA VILLAGE II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O GJ REAL ESTATE, INC 200 WILLARD ST., SUITE 2-B COCOA, FL 32922 US		Mailing Address C/O GJ REAL ESTATE, INC 200 WILLARD ST., SUITE 2-B COCOA, FL 32922 US	
2. Principal Place of Business - No P.O. Box # 70 Platinum Coast Msmf		3. Mailing Address 70 Platinum Coast	
Suite, Apt. #, etc. 2625 N. Harbor City Blvd #2		Suite, Apt. #, etc. 2625 N Harbor City Blvd	
City & State Melbourne, FL		City & State Melbourne FL	
Zip 32931		Zip 32935	
Country USA		Country USA	
4. FEI Number 59-3213916		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, GAYLE 200 WILLARD STREET 2-B GJ REAL ESTATE, INC COCOA, FL 32922		7. Name and Address of New Registered Agent Name Miriam Kerrigan Street Address (P.O. Box Number is Not Acceptable) 3862 Town Square Blvd City Melbourne	
State 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 Miriam A. Kerrigan DATE 3-6-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP O'NEAL, GLORIA 3858 TOWN SQUARE BLVD. MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Fletcher, Susan 3840 Town Square Blvd Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KERRIGAN, MIRIAM A 3862 TOWN SQUARE BLVD MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP [Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MEURER, MARY 3860 TOWN SQUARE BLVD MELBOURNE, FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Melvin, Debbie 161 San Paulo Ct W. Melbourne FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
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: Miriam A. Kerrigan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-6-07 Daytime Phone # 321-951-4981	