


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2007 90062 035 \*\*\*\*61.25

<b>DOCUMENT # N93000000558</b> 1. Entity Name <b>MAGNOLIA VILLAGE COMMUNITY SERVICES ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O GJ REAL ESTATE, INC          200 WILLARD ST SUITE 2B          COCOA, FL 32922 US</b>		Mailing Address <b>C/O GJ REAL ESTATE, INC          200 WILLARD ST SUITE 2B          COCOA, FL 32922 US</b>	
2. Principal Place of Business - No P.O. Box # <b>6 Platinum Coast Mgmt</b> Suite, Apt. #, etc. <b>2625 N. Harbor City Blvd, #2</b> City & State <b>Melbourne, FL</b> Zip <b>32935</b> Country <b>USA</b>		3. Mailing Address Suite, Apt. #, etc. <b>Same</b> City & State <b>FL</b> Zip <b>32901</b> Country <b>USA</b>	
4. FEI Number <b>59-3213917</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JONES, GAYLE          GJ REAL ESTATE, INC.          200 WILLARD SE 2B          COCOA, FL 32922</b>		7. Name and Address of New Registered Agent Name <b>Jennifer Nuss</b> Street Address (P.O. Box Number is Not Acceptable) <b>3895 Veranda Ct</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32901</b>	
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 <b>Jennifer Nuss</b> <span style="float: right;">3-6-07</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP CAREY, JAMES 3894 VERANDA CT MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE	D P Nuss, Jennifer 3895 Veranda Ct Melbourne FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVP O'NEAL, GLORIA 3858 TOWN SQUARE BLVD MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE	DVP Kerrigan, Miriam 3862 Town Square Blvd Melbourne FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DST MILLER, PEGGY 3787 TOWN SQUARE BLVD MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <b>Jennifer Nuss</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-6-07 31-952-5037</b> <small>Date Daytime Phone #</small>	