2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# N93000001714

Entity Name: ASSOCIATION FOR MAGNOLIA BAY CLUB TOWNHOMES, INC.

Current Principal Place of Business:

3861 INDIAN TRAIL DR.
#104
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

3861 INDIAN TRAIL DR.
#104
DESTIN, FL 32541

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, ALLSON G
3861 INDIAN TRAIL DR.
#104
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LOPEZ, JOHNNIE
Address: 3861 INDIAN TRAIL DR.
City-St-Zip: DESTIN, FL 32541

Title: DS ( ) Delete
Name: WHITE, JO ANN
Address: 3861 INDIAN TRAIL DR.
City-St-Zip: DESTIN, FL 32541

Title: DT ( ) Delete
Name: ROGERS, ALLISON G
Address: 3861 INDIAN TRAIL DR.
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: RAVENSTEIN, TED
Address: 3861 INDIAN TRAIL DR. #106
City-St-Zip: DESTIN, FL 32541

Title: DS (X) Change ( ) Addition
Name: WHITE, JO ANN
Address: 3861 INDIAN TRAIL DR. #102
City-St-Zip: DESTIN, FL 32541

Title: DT (X) Change ( ) Addition
Name: ROGERS, ALLISON G
Address: 3861 INDIAN TRAIL DR. #104
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLISON G. ROGERS DT 01/09/2006

Electronic Signature of Signing Officer or Director — Date