

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001714

FILED  
Apr 29, 2009  
Secretary of State

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: RAVENSTEIN, TED  
Address: 3861 INDIAN TRAIL DR. #106  
City-St-Zip: DESTIN, FL 32541

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALLISON G. ROGERS

MS.

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date