2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# N93000004001

Entity Name: MAGNOLIA BAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 121583
CLERMONT, FL 347121583 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 121583
CLERMONT, FL 347121583 US

New Mailing Address:

FEI Number: 65-0215957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLASS, MONIQUE
16500 BAY CLUB DR.
CLERMONT, FL 34711 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: S ( ) Delete
Name: BECOREST, MELISSA
Address: 16410 BAY RIDGE DR
City-St-Zip: CLERMONT, FL 34711

Title: BML ( ) Delete
Name: RICE, FRED
Address: 16530 BAY RIDGE DR.
City-St-Zip: CLERMONT, FL 34711

Title: P ( ) Delete
Name: HEBELER, ROB
Address: 16632 BAY CLUB DR.
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete
Name: GLASS, MONIQUE
Address: 16500 BAY CLUB
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete
Name: WORLEY, KEVIN
Address: 16633 BAY CLUB DR.
City-St-Zip: CLERMONT, FL 34711

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:

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 for the exemption stated in Section 119.07(3)(i), 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: BARBARA SMITH TREA 02/28/2005
Electronic Signature of Signing Officer or Director — Date