2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # N93000004001 1. Entity Name 04-24-2006 90425 002 ****61.25 MAGNOLIA BAY PROPERTY OWNERS ASSOCIATION, Principal Place of Business Mailing Address P O BOX 121583 CLERMONT FL 34712-1583 P O BOX 121583 CLERMONT FL 34712-1583 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0215957 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent E. LamoThe James GLASS, MONIQUE Street Address (P.O. Box Number is Not Acceptable) 121 13 MAG OO 1/A BAN BOXLEVAN 16500 BAY CLUB DR. CLERMONT FL 34711 Zip Code Clermont 34111 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 RIAJURCK 4-14-06 SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change Change TITLE Delete Addition BECOREST, MELISSA NAME NAME Lee Greenwood 16410 BAY RIDGE DR STREET ADDRESS STREET ADDRESS 16725 Bay alub Drive CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP Clermont FL 34711 BML Change THIE Delete TITLE Addition RICE, FRED NAME NAME DAVID STIMMELL 16530 BAY RIDGE DR. STREET ADDRESS STREET ADDRESS 16/35 Bay club Drive CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-7IP Clermont FL 34711 ☑ Delete ☐ Addition HEBELER, ROB James E. Lamothe NAME NAME STREET ADDRESS 16632 BAY CLUB DR. STREET ADDRESS Cleanent FL 34711 CITY - ST- 7(P CLERMONT FL 34711 CITY-ST-ZIP K Change Defete TITLE ☐ Addition I'z Bevelacqua GLASS, MONIQUE CLEROUNT FC 34711 STREET ADDRESS 16500 BAY CLUB STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP TITLE Delete TITLE Change Addition SCOTT TURN QUIST 16401 BAY RIDGE BRIVE CHEMINE FL 34711 WORLEY, KEVIN NAME NAME 16633 BAY CLUB DR. STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TRTL F Addition 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 Section 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:

FILED