

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004001

FILED
Mar 23, 2009
Secretary of State

Entity Name: MAGNOLIA BAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16510 BAY RIDGE DRIVE
CLERMONT, FL 347121583 US

New Principal Place of Business:

16614 BAY CLUB DRIVE
CLERMONT, FL 34711 US

Current Mailing Address:

16510 BAY RIDGE DRIVE
CLERMONT, FL 347121583 US

New Mailing Address:

16614 BAY CLUB DRIVE
CLERMONT, FL 34711 US

FEI Number: 65-0215957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BICHARD, BARRY C
12713 MAGNOLIA BAY BOULEVARD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

WEST, LYNNE E
16614 BAY CLUB DRIVE
CLERMONT, FL 34711 US

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: LYNNE E WEST

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BICHARD, BARRY
Address: 16510 BAY RIDGE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: RAHMAN, JIM
Address: 16501 BAY CLUB DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: LAMOTHE, JAMES E
Address: 12713 MAGNOLIA BAY BOULEVARD
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: BEVELACQUA, LIZ
Address: 16613 BAY CLUB DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HEFFELFINGER, JIM
Address: 16523 BAY RIDGE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change () Addition
Name: TEANY, BRAD
Address: 16500 BAY RIDGE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: T (X) Change () Addition
Name: WEST, LYNNE E
Address: 16614 BAY CLUB DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: S (X) Change () Addition
Name: MILBURN, PAM
Address: 16530 BAY RIDGE DRIVE
City-St-Zip: CLERMONT, FL 34711

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: LYNNE E WEST

T

03/23/2009

Electronic Signature of Signing Officer or Director

Date