

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90012 002 ****61.25

DOCUMENT # N94000003829

1. Entity Name

MAGNOLIA RV PARK, INC. OF DESTIN



Principal Place of Business

Mailing Address

50 W. BRADLEY ST.
DESTIN FL 32550
US

50 W. BRADLEY ST.
DESTIN FL 32550
US



2. Principal Place of Business - No P.O. Box #

50 W. BRADLEY ST.

3. Mailing Address

50 W. BRADLEY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIRAMAR BEACH, FL

MIRAMAR BEACH, FL

City & State

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3285956

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip

32550

Country

US

Zip

32550

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, WILLIAM H
22 EAST BALDWIN AVE
DEFUNIAK SPRINGS FL 32433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WESSLING, GALE	
STREET ADDRESS	50 W BRADLEY ST #10	
CITY- ST- ZIP	DESTIN FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACHMANN, BRUCE	
STREET ADDRESS	50 W BRADLEY ST #3	
CITY- ST- ZIP	DESTIN FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMICK, VERONICA	
STREET ADDRESS	50 W BRADLEY STREET #14	
CITY- ST- ZIP	DESTIN FL 32550	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY- ST- ZIP		

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NAME		
STREET ADDRESS		
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

Bruce Lachmann BRUCE LACHMANN

2/20/07 850 650 3681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #