

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

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90011 019 \*\*\*\*61.25

**DOCUMENT # N94000005503**

1. Entity Name

MAGNOLIA SQUARE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 3304  
FORT WALTON BEACH FL 32549  
US

Mailing Address

P.O. BOX 3304  
FORT WALTON BEACH FL 32549  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3277732

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBB, JIM  
1327 WHITE BLOSSOM LN  
FORT WALTON BEACH FL 32547

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 file if applicable

(NOTE: Registered Agent signature required when registering)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	COBB, JIM	
STREET ADDRESS	1327 WHITE BLOSSOM LN	
CITY, ST, ZIP	FT WALTON BEACH FL 32547	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MARISOL, REINA	
STREET ADDRESS	1324 WHITE BLOSSOM LN	
CITY, ST, ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAILS, JOANNE	
STREET ADDRESS	1332 WHITE BLOSSOM LN	
CITY, ST, ZIP	FORT WALTON BEACH FL 32547	
TITLE	AD	<input type="checkbox"/> Delete
NAME	RIVERA, TED	
STREET ADDRESS	1322 WHITE BLOSSOM LN	
CITY, ST, ZIP	FORT WALTON BEACH FL 32547	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FAILS, JOANNE	
STREET ADDRESS	1332 WHITE BLOSSOM LN	
CITY, ST, ZIP	FORT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	DAVID LUCAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1329 white Blossom LN	
STREET ADDRESS	FT. WALTON Bch FL 32547	
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Joanne Fails* JOANNE FAILS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2007

Date

8508642958

Daytime Phone #