

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005503

FILED
Jan 19, 2009
Secretary of State

Entity Name: MAGNOLIA SQUARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1327 WHITE BLOSSOM LANE
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 3304
FORT WALTON BEACH, FL 32547 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COBB, JIM
1327 WHITE BLOSSOM LN
FORT WALTON BEACH, FL 32547 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: PD () Delete
Name: COBB, JIM
Address: 1327 WHITE BLOSSOM LN
City-St-Zip: FT WALTON BEACH, FL 32547

Title: VPD () Delete
Name: MARISOL, REINA
Address: 1324 WHITE BLOSSOM LN
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: LUCAS, DAVID
Address: 1329 WHITE BLOSSOM LN
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: AD () Delete
Name: RIVERA, TED
Address: 1322 WHITE BLOSSOM LN
City-St-Zip: FORT WALTON BEACH, FL 32547

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:

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: DAVID LUCAS

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date