

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005503

FILED  
Jan 25, 2012  
Secretary of State

**Entity Name:** MAGNOLIA SQUARE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1330 WHITE BLOSSOM LANE  
FORT WALTON BEACH, FL 32547 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 32547 US

**New Mailing Address:**

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

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPEIGHTS, WILLIE J JR  
1330 WHITE BLOSSOM LN  
FORT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

SMITH, MARY E  
1325 WHITE BLOSSOM LN  
FORT WALTON BEACH, FL 32547 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: MARY E. SMITH

01/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: D  
Name: CHURILLO, CONSTANCE D  
Address: 1334 WHITE BLOSSOM LN  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby 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 all other like empowered.

SIGNATURE: JIM COBB

PD

01/25/2012

Electronic Signature of Signing Officer or Director

Date