

FILE NOW: FILING FEE IS \$61.25

FILED  
May 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005511**

1. Corporation Name

**0001003 32086**  
**Magnolia Point Homeowner's Assoc, Inc.**

Principal Place of Business

Mailing Address

**3881 Hickory Lane**  
**St. Augustine Fl.**  
**32086**

**SAME**

3. Date Incorporated or Qualified

**7**

3a. Date of Last Report

**6-10-96**

2. Principal Place of Business

**21 SAME**

2a. Mailing Address

**26 SAME**

4. FEI Number

Applied For

☒ Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Wilbur L. Brown Jr.**  
**3881 Hickory Lane**  
**St. Augustine Fl. 32086**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**Wilbur L. Brown Jr.**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**5-2-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Wilbur L. Brown Jr.</b>	<b>Director</b>
STREET ADDRESS	<b>3881 Hickory Ln</b>	
CITY-ST-ZIP	<b>St. Augustine Fl. 32086</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> DELETE
NAME	<b>Louise M. Brown</b>	<b>Director</b>
STREET ADDRESS	<b>8881 Hickory Ln.</b>	
CITY-ST-ZIP	<b>St. Augustine Fl. 32086</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> DELETE
NAME	<b>Louise M. Brown</b>	<b>Director</b>
STREET ADDRESS	<b>8881 Hickory Lane</b>	
CITY-ST-ZIP	<b>St. Aug Fl. 32086</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> DELETE
NAME	<b>Patricia B. Crosby</b>	<b>Director</b>
STREET ADDRESS	<b>510 Vail Point Road</b>	
CITY-ST-ZIP	<b>St. Augustine Fl 32086</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Patricia B. Crosby</b>
4.3 STREET ADDRESS	<b>510 Vail Point Road</b>
4.4 CITY-ST-ZIP	<b>St. Augustine Fl. 32086</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**200002203572**  
**-06/06/97--01002--015**  
**\*\*\*61.25**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Wilbur L. Brown Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

Date

**5-2-97**

Daytime Phone #

**1-904-797-7167**

CR2E037 (9/96)