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03-06-1999 90143 029 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000001824

1. Corporation Name

MAGNOLIA DUNE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

913 GULF BREEZE PARKWAY UNIT 17
 GULF BREEZE FL 32561

Mailing Address

913 GULF BREEZE PARKWAY UNIT 17
 GULF BREEZE FL 32561



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/18/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional -
 Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

NEW, A E JR.
 913 GULF BREEZE PARKWAY UNIT 17
 GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

Kenneth E. Batur

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

4935 E. Co. Hwy 30A

83

84 City

Seagrave Beach FL

85 Zip Code

32459

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

[Signature]

Kenneth E. Batur

1/6/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
 NAME NEW, A E JR.
 STREET ADDRESS C/O 913 GULF BREEZE PARKWAY UNIT 17
 CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☒ DELETE
 NAME THOMAS, NORRIS W
 STREET ADDRESS 913 GULF BREEZE PARKWAY
 CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☒ DELETE
 NAME NEW, LINDA
 STREET ADDRESS 913 GULF BREEZE PARKWAY UNIT 17
 CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
 1.2 NAME Kenneth E. Batur
 1.3 STREET ADDRESS 4935 E. Co. Hwy 30A, Suite 3
 1.4 CITY-ST-ZIP Seagrave Beach, FL 32459

2.1 TITLE D ☐ Change ☒ Addition
 2.2 NAME Patricia J. Batur
 2.3 STREET ADDRESS 4935 E. Co. Hwy 30A, Suite 3
 2.4 CITY-ST-ZIP Seagrave Beach, FL 32459

3.1 TITLE D ☐ Change ☒ Addition
 3.2 NAME Franklin H. Watson
 3.3 STREET ADDRESS 4935 E. Co. Hwy 30A, Suite 5
 3.4 CITY-ST-ZIP Seagrave Beach, FL 32459

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-98

8509329256

Date

Daytime Phone #

CR2E037 (11/98)