2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000004592

FILED May 01, 2008 8:00 am Secretary of State 05-01-2008 90188 015 ****61.25

1. Entity Name MAGNOLIA COVE OF FALLING WATERS, INC.												
Principal Place of Business RESORT MANAGEMENT 2685 HORSESHOE DR. S, #215 NAPLES, FL 34104			RESO 2685	Mailing Address RESORT MANAGEMENT 2685 HORSESHOE DR. S, #215 NAPLES, FL 34104			:		35912			// /
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suil	Suite, Apt. #, etc.				04012008 C	hg-NP	CR2E0	37 (12/06)	
City & State			City & State					4. FEI Number 65-075986	67		_ 	plied For at Applicable
Zip Country		Zip	Zip Co		intry _				\$8.75 Add Fee Required			
6. Name and Address of Current R			Registere	egistered Agent			7. Name and Address of New Registered Agent					
MILLER, RICHARD 2332 MAGNOLIA LN:#3					Name ROUM COBL Street Address (P.O. Box Number is Not Acceptable)							
_NAPLES, FL 34112						2338 Magnolia Lane						
						City	NOY	21000		Fl	Zip Code	104
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 account the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									and accept			
	Stonature, typed or print	ted name of registered agent	and title if anni	icable (NOT)	F Redistere	d Agent signat	heriman and	when reigetation)		DATE		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.