2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002797

FILED Apr 30, 2006 Secretary of State

Entity Name: MAGNOLIA PARK HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

207 WILDCAT COURT DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

PO BOX 946 DESTIN, FL 32540

FEI Number: 59-3666145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WALMSLEY-WILLIAMS, LAURA
207 LOUDCAT COURT
DESTIN, FL 32541 US

WALMSLEY-WILLIAMS, LAURA
207 WILDCAT COURT
DESTIN, FL 32541 US

WALMSLEY-WILLIAMS, LAURA
207 WILDCAT COURT
DESTIN, FL 32541 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: 04/30/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: WALMSLEY-WILLAIMS, LAURA Name: WALMSLEY-WILLAIMS, LAURA Address: 207 LOUDCAT COURT Address: 207 WILDCAT COURT

City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

Title: V () Delete Title: () Change () Addition Name: RUSSELL, DINO Name:

 Name:
 RUSSELL, DINO
 Name:

 Address:
 207 PANTHER CRT
 Address:

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 TOMCHAY, SHELLY
 Name:
 YATES, STEPHEN

 Address:
 210 WILDCAT CRT
 Address:
 212 WILDCAT CRT

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURA WALMSLEY-WILLIAMS P 04/30/2006