

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002797

FILED  
Mar 18, 2008  
Secretary of State

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

**Current Principal Place of Business:**

207 WILDCAT COURT  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 946  
DESTIN, FL 32540

**New Mailing Address:**

FEI Number: 59-3666145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARMS, TIARA  
Address: 214 WILDCAT COURT  
City-St-Zip: DESTIN, FL 32541

Title: V ( ) Delete  
Name: LOVELL, JENNIFER  
Address: 208 PANTHER CRT  
City-St-Zip: DESTIN, FL 32541

Title: T ( ) Delete  
Name: WALMSLEY-WILLIAMS, LAURA  
Address: 209 WILDCAT CRT  
City-St-Zip: DESTIN, FL 32541

Title: S (X) Delete  
Name: YATES, STEPHEN  
Address: 212 WILDCAT COURT  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SCELISI, JACK  
Address: 211 WILDCAT COURT  
City-St-Zip: DESTIN, FL 32541

Title: V (X) Change ( ) Addition  
Name: YATES, STEPHEN  
Address: 212 WILDCAT CRT  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

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03/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date