

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000739

FILED
Apr 26, 2009
Secretary of State

Entity Name: BAY MAGNOLIA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5311 E. CO. HWY 30-A
STE 5
SANTA ROSA BCH, FL 32459

New Principal Place of Business:

5311 E. CO. HWY 30-A
STE 3
SANTA ROSA BCH, FL 32459

Current Mailing Address:

5311 E COUNTY HWY 30-A
STE 5
SANTA ROSA BCH, FL 32459

New Mailing Address:

5311 E COUNTY HWY 30-A
STE 3
SANTA ROSA BCH, FL 32459

FEI Number: 04-3775589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHETT, WALTER R
5311 E COUNTY HWY 30-A
STE 5
SANTA ROSA BCH, FL 32459 US

Name and Address of New Registered Agent:

PRITCHETT, WALTER R
5311 E COUNTY HWY 30-A
STE 3
SANTA ROSA BCH, FL 32459 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:

04/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOROKA, BRIAN
Address: 66 AMELIA LANE
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: D () Delete
Name: GOANS, PAUL
Address: 374 5TH STREET NE
City-St-Zip: ATLANTA, GA 30308

Title: D () Delete
Name: COOPER, MARTHA
Address: 450 AMELIA LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D V (X) Change () Addition
Name: SOROKA, BRIAN
Address: 66 AMELIA LANE
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: D ST (X) Change () Addition
Name: COX, TESS
Address: 480 AMELIA LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D P (X) Change () Addition
Name: COOPER, MARTHA
Address: 450 AMELIA LANE
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: WALTER R PRITCHETT

R A

04/26/2009

Electronic Signature of Signing Officer or Director

Date