

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90502 029 \*\*\*\*61.25

**DOCUMENT # N98000006544**

1. Entity Name

**MAGNOLIA SHORES HOMEOWNERS' ASSOCIATION OF  
MARY ESTHER, INC.**



Principal Place of Business  
**466 SANDMORE SHORES DR.  
MARY ESTHER FL 32569-2379**

Mailing Address  
**466 SANDMORE SHORES DR.  
MARY ESTHER FL 32569-2379**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3547251**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZANTEN, STELLA VAN  
466 SANDMORE SHORES DR.  
MARY ESTHER FL 32569-2379**

Name

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

City

**FL**

Zip Code

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 accept 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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VPD  
WIBLE, JOHN R JR  
474 SANDMORE STORES DR.  
MARY ESTHER FL 32569**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
RYMER, ANDREA  
452 SANDMORE STORES DR.  
MARY ESTHER FL 32569**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ST  
VAN ZANTEN, STELLA  
466 SANDMORE SHORES DR.  
MARY ESTHER FL 32569**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 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.

**SIGNATURE:** *Stella Van Zanten, Secy. Treas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 22, 2004* **850 581-7847**

Date

Daytime Phone #