## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2006 8:00 am Secretary of State DOCUMENT # N98000006544 04-25-2006 90107 016 \*\*\*\*61.25 MAGNOLIA SHORES HOMEOWNERS' ASSOCIATION OF MARY ESTHER, INC. Principal Place of Business Mailing Address 451 SANDMORE SHORES DR 451 SANDMORE SHORES DR MARY ESTHER, FL 32569-2379 MARY ESTHER, FL 32569-2379 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 59-3547251 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZANTEN, STELLA VAN 451 SANDMORE SHORES DR MARY ESTHER, FL 32569-2379 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 famili the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VPD Chairman TITLE Delete TILE Change Addition VAN ZENTEN, RONALD John Barbee NAME NAME 453 Sandmore Shules 466 SANDMORE SHORES DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARY ESTHER, FL 32569 CITY-ST-ZIP Mary Esther, FL 32569. CO Chairman Thomas P BEYAN 462 SANDMERE Sheres DRIVE PD TITZ F Delete TITLE **Change** ☐ Addition FINCHER, JIM NAME NAME STREET ADDRESS 473 SANDMORE SHORES DR STREET ADDRESS MARY ESTHER FL 32569 MARY ESTHER, FL 32569 CITY-ST-7P CITY-ST-7IP TITLE ☐ Addition TITLE Delete ☐ Change PHILPOT, LAURIE NAME NAME 451 SANDMORE SHORES DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARY ESTHER, FL 32569 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 is changed, or on an attachment with an address, with all priper like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED**