

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90059 012 \*\*\*\*61.25

<b>DOCUMENT # N98000006544</b>						
<b>1. Entity Name</b> <b>MAGNOLIA SHORES HOMEOWNERS' ASSOCIATION OF MARY ESTHER, INC.</b>						
<b>Principal Place of Business</b> 451 SANDMORE SHORES DR MARY ESTHER, FL 32569-2379			<b>Mailing Address</b> 451 SANDMORE SHORES DR MARY ESTHER, FL 32569-2379			
<b>2. Principal Place of Business - No P.O. Box #</b> 466 SANDMORE SHORES DR.		<b>3. Mailing Address</b> 466 SANDMORE SHORES DR.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b> MARY ESTHER		<b>City &amp; State</b> MARY ESTHER, FL		<b>4. FEI Number</b> 59-3547251		
<b>Zip</b> 32569-2379		<b>Country</b> USA		<b>Applied For</b> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>				
<b>6. Name and Address of Current Registered Agent</b>  BARBEE, JOHN 453 SANDMORE SHORES MARY ESTHER, FL 32569			<b>7. Name and Address of New Registered Agent</b> <b>Name</b> STELLA VAN ZANTEN <b>Street Address (P.O. Box Number is Not Acceptable)</b> 466 SANDMORE SHORES DR. <b>City</b> MARY ESTHER <b>FL</b> <b>Zip Code</b> 32569-2379			
<b>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.</b>						
<b>SIGNATURE</b> <i>Stella Van Zanten</i>				<b>DATE</b> 4-5-07		
Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> C	<b>NAME</b> BARBEE, JOHN		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> John Wible	
<b>STREET ADDRESS</b> 453 SANDMORE SHORES	<b>CITY-ST-ZIP</b> MARY ESTHER, FL 32569			<b>STREET ADDRESS</b> 474 SANDMORE SHORES DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b> MARY ESTHER, FL 32569				<b>CITY-ST-ZIP</b> MARY ESTHER, FL 32569-2379		
<b>TITLE</b> CC	<b>NAME</b> BEYAN, THOMAS P		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VP	<b>NAME</b> VINCENT Philpot	
<b>STREET ADDRESS</b> 462 SANDMORE SHORES DR	<b>CITY-ST-ZIP</b> MARY ESTHER, FL 32569			<b>STREET ADDRESS</b> 451 SANDMORE SHORES DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b> MARY ESTHER, FL 32569				<b>CITY-ST-ZIP</b> MARY ESTHER, FL 32569-2379		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> S/T	<b>NAME</b> STELLA VAN ZANTEN	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 466 SANDMORE SHORES DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b> 				<b>CITY-ST-ZIP</b> MARY ESTHER, FL 32569-2379		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> RONALD VAN ZANTEN	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 466 SANDMORE SHORES DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b> 				<b>CITY-ST-ZIP</b> MARY ESTHER, FL 32569-2379		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> TOM BEVAN	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 462 SANDMORE SHORES DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b> 				<b>CITY-ST-ZIP</b> MARY ESTHER, FL 32569-2379		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> JAY HASSELL	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 464 SANDMORE SHORES DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b> 				<b>CITY-ST-ZIP</b> MARY ESTHER, FL 32569-2379		
<b>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 if changed, or on an attachment with an address with all other like empowered.</b>						
<b>SIGNATURE:</b> <i>Stella Van Zanten</i>				<b>DATE</b> 4-5-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>Daytime Phone #</b> 8505817847		

PAGE 2 Additional/Changes to Officers + Directors  
ATTACHMENT

11. D

ANDREA RYMER

452 SANDMORE SHORES DR

MARY ESTHER, FL 32569-2379

40053315

#N98000006544