2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006544

FILED Feb 20, 2009 Secretary of State

Entity Name: MAGNOLIA SHORES HOMEOWNERS' ASSOCIATION OF MARY ESTHER, INC.

Current Principal Place of Business: New Principal Place of Business: 466 SANDMORE SHORES DR. MARY ESTHER, FL 325692379 **Current Mailing Address: New Mailing Address:** 466 SANDMORE SHORES DR. MARY ESTHER, FL 325692379 FEI Number: 59-3547251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VAN ZANTEN, STELLA 466 SANDMORE SHORES DR. MARY ESTHER, FL 325692379 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RYMER, ANDREA Name: Name: 452 SANDMORE SHORES DR Address: Address: City-St-Zip: MARY ESTHER, FL 325692379 City-St-Zip: Title: () Delete Title: (X) Change () Addition PHILPET, VINCENT Name: PHILPOT, VINCENT Name: Address: 451 SANDMORE SHORES DR. Address: 451 SANDMORE SHORES DR. City-St-Zip: MARY ESTHER, FL 325692379 City-St-Zip: MARY ESTHER, FL 325692379 Title: () Delete Title: () Change () Addition VAN ZANTEN, STELLA Name: Name: Address: 466 SANDMORE SHORE DR Address: City-St-Zip: MARY ESTHER, FL 325692379 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VANZANTEN, RONALD Name: 466 SANDMORE SHORES DR. Address: Address: City-St-Zip: MARY ESTHER, FL 325692379 City-St-Zip: Title: () Delete Title: (X) Change () Addition BEVAN, TOM BEVAN, TOM Name: Name: 4625 SANDMORE SHORES DR. 462 SANDMORE SHORES DR. Address: Address: City-St-Zip: MARY ESTHER, FL 325692379 City-St-Zip: MARY ESTHER, FL 325692379 Title: () Delete Title: () Change () Addition HASSELL, JAY Name: Name: Address: 464 SANDMORE SHORES DR. Address: MARY ESTHER, FL 325692379 City-St-Zip: 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: RONALD VANZANTEN D 02/20/2009