

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90001 047 ****61.25

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1. Entity Name

MAGNOLIA LAKE SUBDIVISION IN WALTON COUNTY
HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

170 MIDDLE PLANTATION LANE
GULF BREEZE FL 32561

Mailing Address

P.O. BOX 746
GULF BREEZE FL 32562

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1587

Suite, Apt. #, etc.

City & State

City & State
DeFuniak Spgs. FL.

Zip

Country

Zip

Country

32435

4. FEI Number
59-3620843

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN MATRE, THOMAS G JR.
4300 BAYOU BLVD., STE. 16
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

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, 2008

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 PD
NAME ELLZEY, KENNETH W
STREET ADDRESS P.O. BOX 746
CITY-ST-ZIP GULF BREEZE FL 32562 ☐ Delete

TITLE VSTD
NAME NAYLOR, BRUCE
STREET ADDRESS 694 BALDWIN AVE.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☒ Delete

TITLE D
NAME MILLER, SUE C
STREET ADDRESS P.O. BOX 746
CITY-ST-ZIP GULF BREEZE FL 32562 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME Greene, Jeannie
STREET ADDRESS 554 Magnolia Lake Dr.
CITY-ST-ZIP DeFuniak Spgs. FL. 32433 ☒ Change ☐ Addition

TITLE CTN
NAME Jackson, Kenneth
STREET ADDRESS 530 Magnolia Lake Dr.
CITY-ST-ZIP DeFuniak Spgs. FL. 32433 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Kenneth M. Jackson Kenneth M. Jackson 2/11/08 850-892-9374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #