2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007184

1. *Entity Name*
MAGNOLIA PROFESSIONAL CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
702 S. MAGNOLIA AVE., UNIT 2 OCALA, FL 34474	702 S. MAGNOLIA AVE., UNIT 2 OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3639121
☐ Applied For
☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

ETHRIDGE, MICHAEL EUGENE
702 S. MAGNOLIA AVE., UNIT 2
OCALA, FL 34470

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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.

U00000381746
01/11/06-80067-015 61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

Filing Fee is $61.25
Due by May 1, 2006

9. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ETHRIDGE, MICHAEL
STREET ADDRESS	702 S. MAGNOLIA AVE., UNIT 2
CITY-ST-ZIP	OCALA, FL 34474
TITLE	VT
NAME	SALPETER, JENNIFER
STREET ADDRESS	702 S. MAGNOLIA AVE., UNIT 1
CITY-ST-ZIP	OCALA, FL 34474
TITLE	T
NAME	ETHRIDGE, TRACEY
STREET ADDRESS	702 S. MAGNOLIA AVE., UNIT 2
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.*

SIGNATURE: _____ 1/9/06 352-351-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #