


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90017 022 ****61.25

DOCUMENT # N99000007184					
1. Entity Name MAGNOLIA PROFESSIONAL CENTER PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 702 S. MAGNOLIA AVE., UNIT 2 OCALA, FL 34474			Mailing Address 702 S. MAGNOLIA AVE., UNIT 2 OCALA, FL 34474		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3639121	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name <u>J Herbert Williams</u> Street Address (P.O. Box Number is Not Acceptable) <u>702 S. Magnolia Ave Ste 2</u> City <u>Ocala</u> <u>FL</u> <u>34474</u>		
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 <u>[Signature]</u> DATE <u>1-22-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PTD NAME ETHRIDGE, MICHAEL STREET ADDRESS 702 S. MAGNOLIA AVE., UNIT 2 CITY-ST-ZIP OCALA, FL 34474	<input checked="" type="checkbox"/> Delete		TITLE PTD NAME J Herbert Williams STREET ADDRESS 702 S. Magnolia Ave Ste 2 CITY-ST-ZIP Ocala, FL 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VT NAME SALPETER, JENNIFER STREET ADDRESS 702 S. MAGNOLIA AVE., UNIT 1 CITY-ST-ZIP OCALA, FL 34474	<input type="checkbox"/> Delete		TITLE T NAME Amy B Carson STREET ADDRESS 702 S Magnolia Ave Ste # 1 CITY-ST-ZIP Ocala, FL 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME ETHRIDGE, TRACEY STREET ADDRESS 702 S. MAGNOLIA AVE., UNIT 2 CITY-ST-ZIP OCALA, FL 34474	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u>			<u>J Herbert Williams</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>1-22-07</u> Daytime Phone # <u>352-629-6000</u>		

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