

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007196

FILED  
Apr 22, 2006  
Secretary of State

**Entity Name:** MAGNOLIA LANDING ESTATES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

40001 EMERALD COAST PARKWAY  
DESTIN, FL 32541

**New Principal Place of Business:**

42 BUSINESS CENTRE DRIVE  
SUITE 401  
MIRAMAR BEACH, FL 32550 US

**Current Mailing Address:**

40001 EMERALD COAST PARKWAY  
DESTIN, FL 32541

**New Mailing Address:**

42 BUSINESS CENTRE DRIVE  
SUITE 401  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 59-3626294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATTHEWS, DANA C  
4475 LEGENDARY DRIVE  
BOX 40  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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:**

Title: VPTD ( ) Delete  
Name: ADKINSON, WAYNE  
Address: 29874 U.S. HWY 331 SOUTH  
City-St-Zip: FREEPORT, FL 32439

Title: VPS ( ) Delete  
Name: ADKINSON, CHAD  
Address: 40001 EMERALD COAST PARKWAY  
City-St-Zip: DESTIN, FL 32541 US

Title: P ( ) Delete  
Name: DEVARONA, ENRIQUE  
Address: 407 EVANS ROAD  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPT (X) Change ( ) Addition  
Name: ADKINSON, WAYNE  
Address: 29874 U.S. HWY 331 SOUTH  
City-St-Zip: FREEPORT, FL 32439 US

Title: VPSD (X) Change ( ) Addition  
Name: ADKINSON, CHAD M  
Address: 145 ACACIA STREET  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: PD (X) Change ( ) Addition  
Name: DEVARONA, ENRIQUE  
Address: 324 CYPRESS BREEZE BLVD  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ENRIQUE J DEVARONA

P

04/22/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date