# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2008**
**Secretary of State**

DOCUMENT# N99000007196

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 59-3626294** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COOK, JOSEPH M
42 BUSINESS CENTRE DRIVE
SUITE 303
MIRAMAR BEACH, FL 32550 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: VPT ( ) Delete
Name: ADKINSON, WAYNE
Address: 557 WATERVIEW COVE
City-St-Zip: FREEPORT, FL 32439 US

Title: VPSD ( ) Delete
Name: ADKINSON, CHAD M
Address: 210 CYPRESS BREEZE BLVD SOUTH
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ENRIQUE DEVARONA P/D 04/24/2008

Electronic Signature of Signing Officer or Director — Date