

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0009150

DOCUMENT # N99000007196

1. Entity Name

MAGNOLIA LANDING ESTATES OWNERS ASSOCIATION, INC



FILED

03 MAY -2 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

40001 EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address

40001 EMERALD COAST PARKWAY
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3626294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, DANA C
607 HIGHWAY 98 EAST
DESTIN FL 32541

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10/

TITLE DTSP
NAME ADKINSON, WAYNE
STREET ADDRESS 29874 U.S. HWY 331 SOUTH
CITY-ST-ZIP FREEPORT FL 32439 ☐ Delete

TITLE P/T/O
NAME Adkinson, wayne
STREET ADDRESS 29874 US Hwy 331 South
CITY-ST-ZIP Freeport FL 32439 ☒ Change ☐ Addition

TITLE VPDS
NAME ADKINSON, CHAD
STREET ADDRESS 814 C-6
CITY-ST-ZIP FREEPORT FL 32439 ☐ Delete

TITLE VP/D/S
NAME Adkinson, Chad
STREET ADDRESS 814 Site C-6
CITY-ST-ZIP Freeport FL 32439 ☒ Change ☐ Addition

TITLE DVP
NAME DEVARONA, ENRIQUE
STREET ADDRESS 407 EVANS ROAD
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100017907071
05/02/03--01091-012 **\$1.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 exemption stated in Section 119.07(3)(i), 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:

CHAD ADKINSON 5-1-03 850654-211

CR2E037 (10/02)