2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N99000007567 1. Entity Name
MAGNOLIA TRACE AT CROSS CREEK PARCEL "M" ASSOCIATION, INC.



Secretary of State 01-29-2007 90096 028 ****61.25

FILED

Jan 29, 2007 8:00 am

Principal Place of Business No. Fol. Box		,		\	TIE						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, in the State of Florida, I am tensiler with, and accept the obligations of registered agent, or both, i	PILAWSKI PROPERTY MGT. INC C. 7402 NE 6TH ST., STE. 480 7		C/O ANDREWS ASSET M 7402 N 56TH ST, SUITE	C/O ANDREWS ASSET MANAGEMENT CORP. 7402 N 56TH ST, SUITE 480) (224/10) U/U (2/10	1817 - 83 71 - 88 17 - 88 17 - 8	1 	1118 1 1 0188 1 81	ITELEL LETT	
Suite, Ap. 4, etc. Suite,	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	Nailing Address							
City & State A. FEI Number Solution S	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01192007 Chg-NP CR2E037 (12/06)					
S. Certificate of Status Desired \$8.75 Auditional \$8.75 Audition	City & State		City & State				9				
APPLETON, ERIC, ESQ. N BUSH RASS, P.A. 220 SOUTH FRANKLIN STREET TAMPA, FL 33602 City FL Zip Code 6. 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 Filing Fee is \$81.25 Due by May 1, 2007 POPE Registered Agent sometime requirement agent and the it spoticule. POPE Registered Agent sometime requirement agent and the it spoticule. POPE Registered Agent sometime requirement agent and the it spoticule. POPE Registered Agent sometime requirement agent and the it spoticule. POPE Registered Agent sometime requirement agent and the it spoticule. POPE Registered Agent sometime requirement agent and the it spoticule. POPE Registered Agent sometime requirement agent and the it spoticule. POPE Registered Agent sometime requirement agent and the it spoticule. POPE Registered Agent sometime requirement agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometiment agent and the it spoticule. POPE Registered Agent sometimen	Zip _ Country		Zip	Zip Country							
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220 SOUTH FRANKLIN STREET TAMPA, FL 33602 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 Plorida. I am Ismailian with, and accopt the obligations of registered agent or posterior of registered agent, or both, in the State of Plorida. I am Ismailian with, and accopt the obligations of registered agent, or both, in the State of Plorida. I am Ismailian with, and accopt the obligations of registered agent, or both, in the State of Plorida. I am Ismailian with, and accopt the obligations of registered agent, or both, in the State of Plorida. I am Ismailian with, and accopt the obligations of registered agent, or both, in the State of Plorida. I am Ismailian with, and accopt the obligations of registered agent, or both, in the State of Plorida. I am Ismailian with, and accopt the obligations of registered agent, or both, in the State of Plorida. I am Ismailian with, and accopt the obligations of registered agent, or both, in the State of Plorida. I am Ismailian with, and accopt the obligations of registered agent, or both, in the State of Plorida. I am Ismailian with, and accopt the obligations of registered agent, or both, in the State of Plorida. I am Ismailian with, and accopt the obligations of registered agent, or both, in the State of Plorida. I am Ismailian with, and accopt the obligation of Plorida Plorida. Image:	APPLETON, ERIC, ESQ. N				Name						
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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 attachpent with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: