

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90013 012 \*\*\*\*61.25

<b>DOCUMENT # N99000007567</b> 1. Entity Name <b>MAGNOLIA TRACE AT CROSS CREEK PARCEL "M" ASSOCIATION, INC.</b>					
Principal Place of Business <b>7402 NORTH 56TH ST SUITE 480 TAMPA, FL 33617</b>			Mailing Address <b>C/O ANDREWS ASSET MANAGEMENT CORP. 7402 N 56TH ST, SUITE 480 TAMPA, FL 33617</b>		
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 <b>59-3624989</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>APPLETON, ERIC, ESQ. N BUSH RASS, P.A. 220 SOUTH FRANKLIN STREET TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name <b>APPLETON, ERIC, ESQ. BUSH RASS, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1801 N. HIGHLAND AVE</b> City <b>TAMPA</b> FL Zip Code <b>33602-3156</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE:</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V BAKER, TED 18218 COILRIDGE DR. TAMPA, FL 33647</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P WEBB, HAROLD 18215 TALDECO PLACE TAMPA, FL 33647</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T STEPNIOWSKI, JENNIFER 18203 COLLRIDGE DR TAMPA, FL 33647</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HARRISON, PETE 10541 SANTRAVASO DR. TAMPA, FL 33647</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S COLLERAN, BILL 10502 SANTRAVASO DR. TAMPA, FL 33647</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P STEPNIOWSKI, JENNIFER 18203 COLLRIDGE DR TAMPA, FL 33647</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<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.					
<b>SIGNATURE:</b> <b>Jennifer Stepnowski</b> <b>1-15-08</b> <b>813-508-2492</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					