2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# P03000049730

Entity Name: MAGNOLIA WALK APARTMENTS II, INC.

Current Principal Place of Business:

233 S.W. 3RD STREET
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

233 S.W. 3RD STREET
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 20-0786188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARNARD, BROWNELL
1629 N.W. 4TH STREET
OCALA, FL 34475 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: PD
Name: BARNARD, BROWNELL
Address: 1629 N.W. 4TH STREET, SUITE 103
City-St-Zip: OCALA, FL 34475 US

Title: VD
Name: GUNN, HOWARD L
Address: 2801 SW 15TH STREET
City-St-Zip: OCALA, FL 34476 US

Title: TD
Name: DAWSON, GWENDOLYN B
Address: 1629 N.W. 4TH STREET
City-St-Zip: OCALA, FL 34475 US

Title: SD
Name: LEAVINGS, DENISE
Address: 1629 N.W. 4TH STREET, 103
City-St-Zip: OCALA, FL 34475 US

Title: D
Name: BEARD, EDDYE
Address: 1629 N.W. 4TH STREET, SUITE 103
City-St-Zip: OCALA, FL 34475 US

Title: D
Name: JENKINS, ROSE
Address: 1629 N.W. 4TH STREET, SUITE 103
City-St-Zip: OCALA, FL 34475 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BROWNELL BARNARD PD 04/12/2011

Electronic Signature of Signing Officer or Director Date