

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90043 050 \*\*\*150.00

**DOCUMENT # P99000025128**

1. Entity Name  
**MAGNOLIA ISLAND PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**665 SE HERITAGE CT  
BRANFORD, FL 32008**

Mailing Address

**665 SE HERITAGE CT  
BRANFORD, FL 32008**

**50003973**



2. Principal Place of Business

**101 SE LAKE VIEW DR**

Suite, Apt. #, etc.

3. Mailing Address

**101 SE LAKE VIEW DR**

Suite, Apt. #, etc.

01222006

Chg-P

CR2E034 (11/05)

City & State

**BRANFORD, FL**

City & State

**BRANFORD, FL**

4. FEI Number

**59-3576023**

Applied For

Not Applicable

Zip

**32008**

Country

**LAFAJETTE**

Zip

**32008**

Country

**LAFAJETTE**

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAND, CAROLYN S  
665 SE HERITAGE CT  
BRANFORD, FL 32008**

7. Name and Address of New Registered Agent

Name **MONICA F. LAND**

Street Address (P.O. Box Number is Not Acceptable)

**101 SE LAKE VIEW DR**

City **BRANFORD**

FL

Zip Code

**32008**

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 **MONICA F. LAND, SCTY-TREAS** *Monica F. Land* **1-22-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **FILLYAW, TERRY**  
STREET ADDRESS **407 NORTHEAST JEFF WALKER ROAD**  
CITY-ST-ZIP **MAYO, FL 32066**

TITLE **VD** ☒ Delete  
NAME **JACKSON, KELLY**  
STREET ADDRESS **796 SE CR 412**  
CITY-ST-ZIP **MAYO, FL 32066**

TITLE **D** ☐ Delete  
NAME **LAND, MONICA**  
STREET ADDRESS **101 LAKE VIEW DRIVE**  
CITY-ST-ZIP **BRANFORD, FL 32008**

TITLE **STD** ☒ Delete  
NAME **LAND, CAROLYN S**  
STREET ADDRESS **665 SE HERITAGE CT**  
CITY-ST-ZIP **BRANFORD, FL 32008**

TITLE **D** ☒ Delete  
NAME **NEILL, DOROTHY**  
STREET ADDRESS **573 NORTHEAST CASTAGNA LANE**  
CITY-ST-ZIP **MAYO, FL 32066**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V/D** ☐ Change ☒ Addition  
NAME **MARYANN AMADOR**  
STREET ADDRESS **665 SE HERITAGE CT**  
CITY-ST-ZIP **BRANFORD FL 32008**

TITLE **D** ☐ Change ☒ Addition  
NAME **BEN BANDY**  
STREET ADDRESS **430 SE LAKE VIEW DR**  
CITY-ST-ZIP **BRANFORD, FL 32008**

TITLE **STD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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 607, 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: *Monica F. Land* **1-22-06 386-935-4866**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**MONICA F. LAND, SCTY-TREAS**