

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025128

FILED
Jan 31, 2009
Secretary of State

Entity Name: MAGNOLIA ISLAND PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

101 SE LAKE VIEW RD
BRANFORD, FL 32008

New Principal Place of Business:

Current Mailing Address:

101 SE LAKE VIEW RD
BRANFORD, FL 32008

New Mailing Address:

FEI Number: 59-3576023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAND, MONICA F
101 SE LAKE VIEW DR
BRANFORD, FL 32008 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAND, STEVE
Address: 101 SE LAKEVIEW DR
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: BANDY, BEN
Address: 430 SE LAKE VIEW DR
City-St-Zip: BRANFORD, FL 32008

Title: STD () Delete
Name: LAND, MONICA
Address: 101 LAKE VIEW DRIVE
City-St-Zip: BRANFORD, FL 32008

Title: VD () Delete
Name: AMADOR, MARY ANN
Address: 665 SE HERITAGE CT
City-St-Zip: BRANFORD, FL 32008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONICA LAND

STD

01/31/2009

Electronic Signature of Signing Officer or Director

Date