

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N03000004290

Entity Name: MAGNOLIA BAY AT SANDESTIN HOMEOWNERS
ASSOCIATION, INC.

Current Principal Place of Business:

VIRTUOUS MANAGEMENT GROUP LLC
500 GRAND BLVD SUITE K-220
MIRAMAR BEACH, FL 32550-1899

Current Mailing Address:

MAGNOLIA BAY AT SANDESTIN HOA
500 GRAND BLVD SUITE K-220
MIRAMAR BEACH, FL 32550-1899 US

FEI Number: 59-3669512

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIRTUOUS MANAGEMENT GROUP LLC
VIRTUOUS MANAGEMENT GROUP LLC
500 GRAND BLVD SUITE K-220
MIRAMAR BEACH, FL 32550-1899 US

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: DANIEL BUCKNER

07/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PIERCE, GREGG
Address MAGNOLIA BAY AT SANDESTIN HOA
 500 GRAND BLVD SUITE K-220
City-State-Zip: MIRAMAR BEACH GA 32550-1899

Title SECRETARY
Name LEANOS, WILLIAM
Address VIRTUOUS MANAGEMENT GROUP
 LLC
 500 GRAND BLVD SUITE K-220
City-State-Zip: MIRAMAR BEACH FL 32550-1899

Title DIRECTOR
Name BURT WISE TRUST
Address VIRTUOUS MANAGEMENT GROUP
 LLC
 500 GRAND BLVD SUITE K-220
City-State-Zip: MIRAMAR BEACH FL 32550-1899

Title VP
Name POULIOT, LAURIE
Address VIRTUOUS MANAGEMENT GROUP
 LLC
 500 GRAND BLVD SUITE K-220
City-State-Zip: MIRAMAR BEACH FL 32550-1899

Title TREASURER
Name KISER, MARTIN
Address VIRTUOUS MANAGEMENT GROUP
 LLC
 500 GRAND BLVD SUITE K-220
City-State-Zip: MIRAMAR BEACH FL 32550-1899

Title DIRECTOR
Name BURNSIDE, CHERYL
Address VIRTUOUS MANAGEMENT GROUP
 LLC
 500 GRAND BLVD SUITE K-220
City-State-Zip: MIRAMAR BEACH FL 32550-1899

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

SIGNATURE: WILLIAM LEANOS

SECRETARY

07/15/2024

