**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**May 04, 2022**
**Secretary of State**
**0444256541CC**

DOCUMENT# N03000004290

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

**Current Principal Place of Business:**

MAGNOLIA BAY LANE
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

C/O SOUTHERN ASSOCIATION MANAGEMENT
36468 EMERALD COAST PARKWAY SUITE 2101
DESTIN, FL 32541 US

**FEI Number: 59-3669512**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOUTHERN ASSOCIATION MGMT
C/O SOUTHERN ASSOCIATION MANAGEMENT
36468 EMERALD COAST PARKWAY SUITE 2101
DESTIN, FL 32541 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PRESIDENT | Title | DIRECTOR |
| Name | PIERCE, GREGG | Name | WISE, BURT |
| Address | C/O SOUTHERN ASSOCIATION MANAGEMENT<br>36468 EMERALD COAST PARKWAY<br>SUITE 2101 | Address | C/O SOUTHERN ASSOCIATION MANAGEMENT<br>36468 EMERALD COAST PARKWAY<br>SUITE 2101 |
| City-State-Zip: | DESTIN FL 32541 | City-State-Zip: | DESTIN FL 32541 |
| Title | SECRETARY | Title | VP |
| Name | BURNSIDE, CHERYL | Name | DAWS, ART |
| Address | C/O SOUTHERN ASSOCIATION MANAGEMENT<br>36468 EMERALD COAST PARKWAY<br>SUITE 2101 | Address | C/O SOUTHERN ASSOCIATION MANAGEMENT<br>36468 EMERALD COAST PARKWAY<br>SUITE 2101 |
| City-State-Zip: | DESTIN FL 32541 | City-State-Zip: | DESTIN FL 32541 |
| Title | TREASURER | | |
| Name | LEONS, BILLY | | |
| Address | C/O SOUTHERN ASSOCIATION MANAGEMENT<br>36468 EMERALD COAST PARKWAY<br>SUITE 2101 | | |
| City-State-Zip: | DESTIN FL 32541 | | |

*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: PIERCE , GREGG PRESIDENT 05/04/2022

Electronic Signature of Signing Officer/Director Detail — Date