

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080031

FILED
Apr 20, 2009
Secretary of State

Entity Name: MAGNOLIA AT DEFUNIAK SPRINGS, INC.

Current Principal Place of Business:

1 KRISTIN CIRCLE
NICEVILLE, FL 32578

New Principal Place of Business:

4329 SUNSET BEACH BLVD
NICEVILLE, FL 32578

Current Mailing Address:

100 GREENWAY RD
DAWSONVILLE, GA 30534

New Mailing Address:

FEI Number: 03-0542495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PARKER B
1219 AIRPORT ROAD
SUITE 311
DESTIN, FL 32541 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: WATTS, CARL B
Address: 1212 OAKMONT DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: VSTD () Delete
Name: ECKERT, LEROY A
Address: 100 GREENWAY RD
City-St-Zip: DAWSONVILLE, GA 30534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WATTS, CARL B
Address: 4329 SUNSET BEACH BLVD
City-St-Zip: NICEVILLE, FL 32578

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: LEROY A. ECKERT

VP

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date