

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **713208** (7)

1. Corporation Name

**MAGDALENE SHORES COMMUNITY, INC.**

Principal Place of Business

Mailing Address

**13515 GREENTREE DR.  
TAMPA FL 33613  
US**

**13515 GREENTREE DR.  
TAMPA FL 33613  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**08/17/1967**

4. FEI Number

**59-3315594**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**FEDER, RANDALL  
2304 CAPE BEND AVE  
TAMPA FL 33612**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **MUELLER, DAVID E**  
STREET ADDRESS **13515 GREENTREE DR.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VPD** ☒ DELETE  
NAME **MILLS, MIKE**  
STREET ADDRESS **13512 SHADY SHORES DR**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **SD** ☐ DELETE  
NAME **CASTRO, CLARISSE**  
STREET ADDRESS **13806 SHADY SHORES DR.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **TD** ☐ DELETE  
NAME **OLSON, CLYDE**  
STREET ADDRESS **13503 LITTLE LAKE RD**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **VPD** ☐ Change ☒ Addition  
2.2 NAME **Mark Hogenauer**  
2.3 STREET ADDRESS **1907 Terry Lane**  
2.4 CITY-ST-ZIP **Tampa FL 33613**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **DAVID E. MUELLER**

**4/25/98**

**813-978-7727**

CR2E037 (10/97)