

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

95 MAY -1 PM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthem  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 760605 (6)**

1. Corporation Name  
**LAKE MAGDALENE CIVIC ASSOCIATION, INC.**

Principal Place of Business Mailing Address

**1218 TERRA MAR DR TAMPA FL 33613**      **1218 TERRA MAR DR TAMPA FL 33613**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/05/1981** 3a. Date of Last Report **12/06/1994**

4. FEI Number **59-2602517** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**FOTOPULOS, THOMAS E  
315 E. MADISON  
SUITE 1000  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	<b>PD</b>
NAME	<b>HARRIS, JERRY R</b>
STREET ADDRESS	<b>1218 TERRA MAR DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33613</b>
TITLE	<b>VD</b>
NAME	<b>MCCREARY, JOHN B</b>
STREET ADDRESS	<b>906 TERRA MAR DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33613</b>
TITLE	<b>VD</b>
NAME	<b>MONTAMBAULT, LEON</b>
STREET ADDRESS	<b>1206 MAGDALENE GROVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33613</b>
TITLE	<b>SD</b>
NAME	<b>HOWELL, MERRILL</b>
STREET ADDRESS	<b>1105 TERRA MAR DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33613</b>
TITLE	<b>TD</b>
NAME	<b>MCCREARY, SHIRLEY</b>
STREET ADDRESS	<b>906 TERRA MAR DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33613</b>
TITLE	<b>D</b>
NAME	<b>COLEMAN, JOYCE M</b>
STREET ADDRESS	<b>905 TERRA MAR DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33613</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), 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:  *Jerry R. Harris* [Jerry R. HARRIS] 4/3/95 813 962-1740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #