

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **760605** (6)

1. Corporation Name

LAKE MAGDALENE CMC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1218 TERRA MAR DR
TAMPA FL 33613**

**1218 TERRA MAR DR
TAMPA FL 33613**

3. Date Incorporated or Qualified

11/05/1981

3a. Date of Last Report

05/01/1995

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**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 | <input checked="" type="checkbox"/> DELETE |
| NAME | HARRIS, JERRY R | |
| STREET ADDRESS | 1218 TERRA MAR DR | |
| CITY-ST-ZIP | TAMPA FL 33613 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | MCCREARY, JOHN B | |
| STREET ADDRESS | 906 TERRA MAR DR | |
| CITY-ST-ZIP | TAMPA FL 33613 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | MONTAMBAULT, LEON | |
| STREET ADDRESS | 1206 MAGDALENE GROVE | |
| CITY-ST-ZIP | TAMPA FL 33613 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | HOWELL, MERRILL | |
| STREET ADDRESS | 1105 TERRA MAR DR | |
| CITY-ST-ZIP | TAMPA FL 33613 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | MCCREARY, SHIRLEY | |
| STREET ADDRESS | 906 TERRA MAR DR | |
| CITY-ST-ZIP | TAMPA FL 33613 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COLEMAN, JOYCE M | |
| STREET ADDRESS | 905 TERRA MAR DR | |
| CITY-ST-ZIP | TAMPA FL 33613 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MONTAMBAULT, LEON | |
| 1.3 STREET ADDRESS | 1206 MAGDALENE GROVE | |
| 1.4 CITY-ST-ZIP | TAMPA, FL 33613 | |
| 2.1 TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MCCREARY, John B. | |
| 2.3 STREET ADDRESS | 906 TERRA MAR DR | |
| 2.4 CITY-ST-ZIP | TAMPA, FL 33613 | |
| 3.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | CAMRBELL, Debbie | |
| 3.3 STREET ADDRESS | 1212 MAGDALENE Hill DR. | |
| 3.4 CITY-ST-ZIP | TAMPA, FL 33613 | |
| 4.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Gianta, Sherry (Gianta) | |
| 4.3 STREET ADDRESS | 901 TERRA MAR DR | |
| 4.4 CITY-ST-ZIP | TAMPA, FL 33613 | |
| 5.1 TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | MCCREARY, Shirley | |
| 5.3 STREET ADDRESS | 906 TERRA MAR DR | |
| 5.4 CITY-ST-ZIP | TAMPA, FL 33613 | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Coleman, Joyce m. | |
| 6.3 STREET ADDRESS | 905 TERRA MAR DR | |
| 6.4 CITY-ST-ZIP | TAMPA, FL 33613 | |

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 119.07(3)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 813 932 8346
Date Daytime Phone #

CR2E037 (12/95)