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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 760605 (6)
1. Corporation Name
MAGDALENE GROVE CIVIC ASSOCIATION, INC.

Principal Place of Business: 1218 TERRA MAR DR TAMPA FL 33613
Mailing Address: 1218 TERRA MAR DR TAMPA FL 33613-1712



2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 11/05/1981
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2602517
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

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: THOMAS E. FOTOPULOS
82 Street Address (P.O. Box Number is Not Acceptable): 500 EAST KENNEDY BOULEVARD
83 SUITE 250
84 City: TAMPA FL 85 Zip Code: 33602

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: *Thomas E. Fotopulos* THOMAS E. FOTOPULOS DATE: 3/5/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MONTAMBAULT, LEON	
STREET ADDRESS	1206 MAGDALENE GROVE	
CITY-ST-ZIP	TAMPA FL	
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	CAMPBELL, DEBBIE	
STREET ADDRESS	1212 MAGDALENE HILL DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GIUNTA, SHERRY	
STREET ADDRESS	901 TERRA MAR DR	
CITY-ST-ZIP	TAMPA FL	
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	Campbell, Debbie	
1.3 STREET ADDRESS	1212 Magdalene Hill Drive	
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 DRIVE	
2.4 CITY-ST-ZIP	TAMPA, FL 33613	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELIZABETH H. MUSTO	
3.3 STREET ADDRESS	1202 MAGDALENE GROVE AVE.	
3.4 CITY-ST-ZIP	TAMPA, FL 33613	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SARA FOTOPULOS	
4.3 STREET ADDRESS	1211 TERRA MAR DRIVE	
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 DRIVE	
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 DRIVE	
6.4 CITY-ST-ZIP	TAMPA, FL 33613	

14. I do 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: *Debbie Campbell* DATE: 2/26/97 DAYTIME PHONE: 963-2241

CR2E037 (9/96)