

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/05/1981		
4. FEI Number 59-2602517	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FOTOPULOS, THOMAS E
500 EAST KENNEDY BLVD.
STE 250
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name FOTOPULOS, THOMAS E.	
82 Street Address (P.O. Box Number is Not Acceptable) 201 E. Kennedy Blvd.	
83 15th Floor	
84 City Tampa	85 Zip Code FL 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: *[Signature]* DATE: **3/30/98**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME CAMPBELL, DEBBIE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1212 MAGDALENE HILL DRIVE	CITY-ST-ZIP TAMPA FL	
TITLE VD	NAME MCCREARY, JOHN B	<input type="checkbox"/> DELETE
STREET ADDRESS 908 TERRA MAR DR	CITY-ST-ZIP TAMPA FL 33613	
TITLE VD	NAME MUTSO, ELIZABETH H	<input type="checkbox"/> DELETE
STREET ADDRESS 1202 MAGDALENE GROVE AVE.	CITY-ST-ZIP TAMPA FL	
TITLE SD	NAME FOTOPULOS, SARA	<input type="checkbox"/> DELETE
STREET ADDRESS 1211 TERRA MAR DRIVE	CITY-ST-ZIP TAMPA FL	
TITLE TD	NAME MCCREARY, SHIRLEY	<input type="checkbox"/> DELETE
STREET ADDRESS 908 TERRA MAR DR	CITY-ST-ZIP TAMPA FL 33613	
TITLE D	NAME COLEMAN, JOYCE M	<input type="checkbox"/> DELETE
STREET ADDRESS 905 TERRA MAR DR	CITY-ST-ZIP TAMPA FL 33613	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DD	1.2 NAME Wilcox, MARCIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 1204 Beacon Hill Drive	1.4 CITY-ST-ZIP TAMPA, FL 33613	
2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
3.1 TITLE VD	3.2 NAME MUSTO, ELIZABETH H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS SAME	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE CAMPBELL, Debbie D	6.2 NAME 1212 Magdalene Hill Drive	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.3 STREET ADDRESS TAMPA, FL	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: *Marcia F. Wilcox, MARCIA E. WILCOX, PRESIDENT* DATE: **1/24/98**

CR2E037 (10/97)