

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. Mortham 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. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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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** 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: *[Signature]* DATE: **3/30/98**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DD Wilcox, MARCIA 1204 Beacon Hill Drive TAMPA, FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD MUSTO, ELIZABETH H. SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	CAMPBELL, Debbie D 1212 Magdalene Hill Drive TAMPA, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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)