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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 760605

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/05/1981

4. FEI Number

59-2602517

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TOTOPIJLOS, THOMAS E
 201 E KENNEDY BLVD
 15TH FLOOR
 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) **1211 TERRA MAR DRIVE**
 83
 84 City **TAMPA** FL 85 Zip **33613**

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: **4/24/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILCOX, MARIC	
STREET ADDRESS	1204 BEACON HILL DRIVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	VD	<input checked="" 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	MUSTO, ELIZABETH H	
STREET ADDRESS	1202 MAGDALENE GROVE AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FOTOPULOS, SARA	
STREET ADDRESS	1211 TERRA MAR DRIVE	
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 checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, DEBBIE D	
STREET ADDRESS	1212 MAGDALENE HILL DRIVE	
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	NIXON, Shannon	
1.3 STREET ADDRESS	1223 TERISA MAR DRIVE	
1.4 CITY-ST-ZIP	TAMPA, FL 33613	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TATRO, APRIL	
2.3 STREET ADDRESS	1221 TERRA MAR DRIVE	
2.4 CITY-ST-ZIP	TAMPA, FL 33613	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wilcox, James	
3.3 STREET ADDRESS	1204 Beacon Hill Drive	
3.4 CITY-ST-ZIP	TAMPA, FL 33613	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Holbrook, Deena	
4.3 STREET ADDRESS	910 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wilcox, Marcia	
6.3 STREET ADDRESS	1204 Beacon Hill Drive	
6.4 CITY-ST-ZIP	TAMPA, FL 33613	

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, with all other like empowered.

SIGNATURE:

Thomas E. Fotopulos **SIGNATURE REQUIRED**

DATE: **4/22/99**

DAYTIME PHONE: **(813) 961-8164**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (1/198)