


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90034 013 ****61.25

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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		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1981	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2602517		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
TOTOPULOS, THOMAS E 201 E KENNEDY BLVD 15TH FLOOR TAMPA FL 33602			81 Name	FOTOPULOS, THOMAS E.	
			82 Street Address (P.O. Box Number is Not Acceptable)	1211 TERRA MAR DRIVE	
			83		
			84 City	TAMPA	FL

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** 4/24/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILCOX, MARIC		1.2 NAME	MITTON, Shannon			
STREET ADDRESS	1204 BEACON HILL DRIVE		1.3 STREET ADDRESS	1223 TERRA MAR DRIVE			
CITY-ST-ZIP	TAMPA FL 33613		1.4 CITY-ST-ZIP	TAMPA, FL 33613			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCCREARY, JOHN B		2.2 NAME	TATRO, APRIL			
STREET ADDRESS	906 TERRA MAR DR		2.3 STREET ADDRESS	1221 TERRA MAR DRIVE			
CITY-ST-ZIP	TAMPA FL 33613		2.4 CITY-ST-ZIP	TAMPA, FL 33613			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MUSTO, ELIZABETH H		3.2 NAME	Wilcox, James			
STREET ADDRESS	1202 MAGDALENE GROVE AVE.		3.3 STREET ADDRESS	1204 Beacon Hill Drive			
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33613			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FOTOPULOS, SARA		4.2 NAME	Holbrook, Deena			
STREET ADDRESS	1211 TERRA MAR DRIVE		4.3 STREET ADDRESS	910 TERRA MAR DRIVE			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	TAMPA, FL 33613			
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	TD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCCREARY, SHIRLEY		5.2 NAME	McCreary, Shirley			
STREET ADDRESS	906 TERRA MAR DR		5.3 STREET ADDRESS	906 TERRA MAR DRIVE			
CITY-ST-ZIP	TAMPA FL 33613		5.4 CITY-ST-ZIP	TAMPA, FL 33613			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAMPBELL, DEBBIE D		6.2 NAME	Wilcox, MARCIA			
STREET ADDRESS	1212 MAGDALENE HILL DRIVE		6.3 STREET ADDRESS	1204 Beacon Hill Drive			
CITY-ST-ZIP	TAMPA FL 33613		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: [Signature] SIGNATURE REQUIRED 4/22/99 (813) 961-8164
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)