

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760605

FILED
Mar 12, 2006
Secretary of State

Entity Name: MAGDALENE GROVE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

13014 N. DALE MABRY HWY BOX 622
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13014 N. DALE MABRY HWY BOX 622
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-2602517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERDUE, SHARON L
1218 BEACON HILL DRIVE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REDDING, RICK
Address: 1219 LABRAD
City-St-Zip: TAMPA, FL 33613

Title: VD () Delete
Name: MARTIN, BURNHAM
Address: 1221 BEACON HILL DRIVE
City-St-Zip: TAMPA, FL 33613

Title: VD () Delete
Name: MUSTO, JERRY
Address: 1202 MAGDALENE GROVE DRIVE
City-St-Zip: TAMPA, FL 33613

Title: SD () Delete
Name: FLASHER, JACKIE
Address: 929 TERRA MAR DRIVE
City-St-Zip: TAMPA, FL 33613

Title: TD () Delete
Name: PERDUE, SHARON L
Address: 1218 BEACON HILL DRIVE
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: FREEMAN, NANCY
Address: 919 TERRA MAR DRIVE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON L PERDUE

TREA

03/12/2006

Electronic Signature of Signing Officer or Director

Date