

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **767529** (1)

1. Corporation Name

LAKE MAGDALENE MANORS HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**4131 GUNN HIGHWAY
TAMPA FL 33624**

**4131 GUNN HIGHWAY
TAMPA FL 33624**

3. Date Incorporated or Qualified

03/17/1983

4. FEI Number

59-2281281

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENACRE PROPERTIES, INC.
4313 GUNN HIGHWAY
TAMPA FL 33624**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **YGLESIAS, JOE**
CITY-ST-ZIP **1802 MAGALENE MANOR
TAMPA FL**

TITLE ☐ DELETE

NAME **DS**
STREET ADDRESS **SAPORTA, SAM**
CITY-ST-ZIP **14026 SHADY SHORES
TAMPA FL**

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **PRIEST, JOE**
CITY-ST-ZIP **14016 SHADY SHORES
TAMPA FL**

TITLE ☐ DELETE

NAME **DT**
STREET ADDRESS **POLAND, MIKE**
CITY-ST-ZIP **13906 SHADY SHORES
TAMPA FL**

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **TROYER, DUSTY**
CITY-ST-ZIP **14015 SHADY SHORES
TAMPA FL**

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **PATEL, BHARAT**
CITY-ST-ZIP **13934 SHADY SHORES
TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D**
1.3 STREET ADDRESS **FISHER, JIMMY**
1.4 CITY-ST-ZIP **13912 Shady Shores
Tampa, FL 33613**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D**
2.3 STREET ADDRESS **ONKOTZ, PHIL**
2.4 CITY-ST-ZIP **1721 Magdalene Manor Drive
Tampa, FL 33613**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D**
3.3 STREET ADDRESS **READ, JULIE**
3.4 CITY-ST-ZIP **1616 Magdalene Manor Drive
Tampa, FL 33613**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Michael Chiles

SIGNATURE REQUIRED

1/19/98

CR2E037 (10/97)