

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713208

Entity Name: MAGDALENE SHORES COMMUNITY, INC.**Current Principal Place of Business:**13509 HOLLOW COVE
TAMPA, FL 33613**Current Mailing Address:**13509 HOLLOW COVE
TAMPA, FL 33613 US**FEI Number:** 59-3315594**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACGILL, ANDREW W
13509 HOLLOW COVE
TAMPA, FL 33613 US*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:** ANDREW W. MACGILL

03/05/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MACGILL, ANDREW W
Address 13509 HOLLOW COVE
City-State-Zip: TAMPA FL 33613

Title VP
Name VELDE, RODERICK J
Address 2309 CAPE BEND AVE
City-State-Zip: TAMPA FL 33613

Title TREASURER
Name HARRIS, JERRY
Address 2011 CAPE BEND
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name ANDERSON, JEAN
Address 2105 CAPE BEND AVE.
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name SWINDASZ, RICHARD
Address 1803 CAPE BEND AVE
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name LANTIS, PATRICIA B
Address 13510 HOLLOW COVE
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name KRUEGER, NORMAN F
Address 13505 LITTLE LAKE PLACE
City-State-Zip: TAMPA FL 33613

Title DIRECTOR
Name WOODARD , DARREN K
Address 13514 GREENLEAF DRIVE
City-State-Zip: TAMPA FL 33613

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I hereby 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 all other like empowered.

SIGNATURE: ANDREW W. MACGILL

PRESIDENT

03/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | HEATHCOCK, KRISTIN B |
| Address | 2307 CAPE BEND AVE. |
| City-State-Zip: | TAMPA FL 33613 |