

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 723493	
1. Entity Name MAGELLAN CIRCLE CONDOMINIUM, INC	

Principal Place of Business 1452 MAGELLAN CIR ORLANDO, FL 32818	Mailing Address 1452 MAGELLAN CIR ORLANDO, FL 32818
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01212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1461918	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SACKETT, CAROL G 1481 MAGELLAN CR ORLANDO, FL 32318	

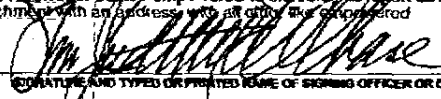
**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE
Signature typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	02/02/06-80055-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRIS, BERNARD 1497 MAGELLAN CIR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHASE, RICHARD 1463 MAGELLAN CIR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARKER, CARL 1478 MAGELLAN CIR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SACKETT, CAROL 1481 MAGELLAN CIR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHASE, JUDITH 1483 MAGELLAN CIR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, MARJORIE 1454 MAGELLAN CIR ORLANDO, FL 32818

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other the corporation.	
SIGNATURE: 	TREASURER 1-31-06 407-298-6908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Office Phone #