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	Mailing Address
1452 MAGELLAN CIR ORLANDO, FL 32818	1452 MAGELLAN CIR ORLANDO, FL 32818

DO NOT WRITE IN THIS SPACE

01212006 No Chg-NP CR2E037 (11/05)

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000401726
02/02/06-80055-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MORRIS, BERNARD
STREET ADDRESS	1497 MAGELLAN CIR
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	PD
NAME	CHASE, RICHARD
STREET ADDRESS	1483 MAGELLAN CIR
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	VPD
NAME	PARKER, CARL
STREET ADDRESS	1478 MAGELLAN CIR
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	SD
NAME	SACKETT, CAROL
STREET ADDRESS	1481 MAGELLAN CIR
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	T
NAME	CHASE, JUDITH
STREET ADDRESS	1483 MAGELLAN CIR
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	VD
NAME	PHILLIPS, MARJORIE
STREET ADDRESS	1454 MAGELLAN CIR
CITY-ST-ZIP	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 like empowered.

SIGNATURE: _____ TREASURER 1-31-06 407-398-6908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #