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Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729884 (7)
1. Corporation Name
LAKE MAGDALENE RESTORATION ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O TOMMY B. DENTON, JR.
2504 SUNNY SHORES DRIVE
TAMPA FL 33618

3. Date Incorporated or Qualified **06/04/1974** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

4. FEI Number **59-2892945** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENTON, JR., TOMMY B.
2504 SUNNY SHORES DRIVE
TAMPA FL 33618

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VD BEARSS, MARTIN**
STREET ADDRESS **14219 LAKE MAGDALENE BLVD.**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **TD** ☒ Change ☐ Addition
1.2 NAME **BEARSS, MARTIN**
1.3 STREET ADDRESS **14219 LAKE MAGDALENE BLVD.**
1.4 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ DELETE
NAME **VD JONES, MICHAEL**
STREET ADDRESS **13916 SHADY SHORES DRIVE**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **JONES, MICHAEL**
2.3 STREET ADDRESS **16407 BRIEVE DE AVILA CT.**
2.4 CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☒ DELETE
NAME **TD PASSMORE, CHARLES**
STREET ADDRESS **14906 ROME AVENUE**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD DENTON, TOMMY**
STREET ADDRESS **2504 SUNNY SHORES DRIVE**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD REISMAN, MIKE**
STREET ADDRESS **14744 LAKE MAGDALENE CIRCLE**
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 SIGNATURE **1/5/97 943-1347**

CR2E037 (9/96)