
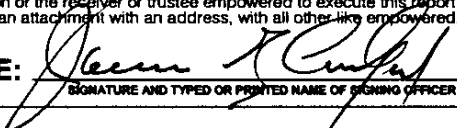


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90018 029 ****61.25

DOCUMENT # 767529 1. Entity Name LAKE MAGDALENE MANORS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HIGHWAY TAMPA, FL 33624			Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33624		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2281281	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TANKEL, ROBERT PA 622 MAIN STREET STE D DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DT SHUGART, SCOTT <input checked="" type="checkbox"/> Delete				
NAME	2204 MAGDALENE CT				
STREET ADDRESS	TAMPA, FL 33613				
CITY-ST-ZIP					
TITLE	DP LINDQUIST, JAMES <input type="checkbox"/> Delete				
NAME	13905 AMESBURY CT				
STREET ADDRESS	TAMPA, FL 33613				
CITY-ST-ZIP					
TITLE	DVP DEAL, TOM <input type="checkbox"/> Delete				
NAME	13917 SHADY SHORES				
STREET ADDRESS	TAMPA, FL 33613				
CITY-ST-ZIP					
TITLE	D CARRASQUILL, RODNEY <input type="checkbox"/> Delete				
NAME	13925 SHADY SHORES				
STREET ADDRESS	TAMPA, FL 33613				
CITY-ST-ZIP					
TITLE	DS SWANK, RALPH <input type="checkbox"/> Delete				
NAME	2117 MAGDALENE MANOR				
STREET ADDRESS	TAMPA, FL 33613				
CITY-ST-ZIP					
TITLE	D WARNER, DIANNA <input type="checkbox"/> Delete				
NAME	13913 SHADY SHORES				
STREET ADDRESS	TAMPA, FL 33613				
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	DT JAMES EMSLIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	14017 SHADY SHORES				
STREET ADDRESS	TAMPA, FL 33613				
CITY-ST-ZIP					
TITLE	D RICK CALLISON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	14001 SHADY SHORES				
STREET ADDRESS	TAMPA, FL 33613				
CITY-ST-ZIP					
TITLE	D CAROLE WOLFE <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	14003 ASHLAND MANOR WAY				
STREET ADDRESS	TAMPA, FL 33613 <input checked="" type="checkbox"/> DELETE				
CITY-ST-ZIP					
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 employed.					
SIGNATURE:  JAMES G. LINDQUIST 2/16/06 813 223 3951 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					