


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90865 043 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 33618		Country		Zip 33618	
Country		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, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EMSLIE, JAMES 14017 SHADY SHORES TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David Padilla 14023 Shady Shores Tampa, Fl 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LINDQUIST, JAMES 13905 AMESBURY CT TAMPA, FL 33613 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Robert Williams 13905 Oberlin Manor Tampa, Fl 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEAL, TOM 13917 SHADY SHORES TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Billy Helms 14032 Shady Shores Tampa, Fl 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRASQUILLO, RODNEY 13925 SHADY SHORES TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SWANK, RALPH 2117 MAGDALENE MANOR TAMPA, FL 33613 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, DIANNA 13913 SHADY SHORES TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rick Callison 14001 Shady Shores Tampa, Fl 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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