

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90064 025 ****61.25

DOCUMENT # 767529 1. Entity Name LAKE MAGDALENE MANORS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HIGHWAY TAMPA, FL 33618				Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33618	
2. Principal Place of Business - No P.O. Box #		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"/>				\$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PADILLA, DAVID	NAME	DVP Padilla, David		
STREET ADDRESS	14023 SHADY SHORES	STREET ADDRESS	14023 Shady Shores		
CITY- ST- ZIP	TAMPA, FL 33613	CITY- ST- ZIP	Tampa, FL 33613		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINDQUIST, JAMES	NAME	D Lindquist, James		
STREET ADDRESS	13905 AMESBURY CT	STREET ADDRESS	13905 Amesburg Court		
CITY- ST- ZIP	TAMPA, FL 33613	CITY- ST- ZIP	Tampa, FL 33613		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, ROBERT	NAME			
STREET ADDRESS	13905 OBERLIN MANOR	STREET ADDRESS			
CITY- ST- ZIP	TAMPA, FL 33613	CITY- ST- ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HELMS, BILLY	NAME	D Demer, James		
STREET ADDRESS	14032 SHADY SHORES	STREET ADDRESS	13925 Shady Shores		
CITY- ST- ZIP	TAMPA, FL 33613	CITY- ST- ZIP	Tampa, FL 33613		
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWANK, RALPH	NAME			
STREET ADDRESS	2117 MAGDALENE MANOR	STREET ADDRESS			
CITY- ST- ZIP	TAMPA, FL 33613	CITY- ST- ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALLISON, RICK	NAME	DP Callison, Rick		
STREET ADDRESS	14001 SHADY SHORES	STREET ADDRESS	14001 Shady Shores		
CITY- ST- ZIP	TAMPA, FL 33613	CITY- ST- ZIP	Tampa, FL 33613		
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: 3-20-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					