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FILED
Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02888 (8)

1. Corporation Name
MAGDALENE COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 624 E. FLETCHER AVE TAMPA FL 33612	Mailing Address 624 E. FLETCHER AVE TAMPA FL 33612
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3. Date Incorporated or Qualified 05/03/1984	
4. FEI Number 59-2403562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7001 Temple Terrace Highway Suite, Apt. #, etc.	2a. Mailing Address 26 7001 Temple Terrace Highway Suite, Apt. #, etc.
22 City & State 23 Temple Terrace FL	27 City & State 28 Temple Terrace FL
24 Zip 33637	25 Country Hillsborough
29 Zip 33637	30 Country Hillsborough

9. Name and Address of Current Registered Agent

COTTERILL, RONALD E
1510 N. DALE MADRY, SUITE 100
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name **Patricia Leib Lerner**

82 Street Address (P.O. Box Number is Not Acceptable)
420 West Platt Street

83 ~~420 West Platt Street~~

84 City **Tampa** FL 85 Zip Code **33606**

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, 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]* DATE **3/5/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GIACONDINA, MARGARET	
STREET ADDRESS	13620 LAKE MAGDALENE BLVD. #307	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHAW, MARY J	
STREET ADDRESS	13620 LAKE MAGDALENE BLVD. #210	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENINATI, ROBERT	
STREET ADDRESS	13620 LAKE MAGDALENE BLVD. #503	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D/T Babcock, Marion E.
4.3 STREET ADDRESS	13620 Lake Magdalene Blvd #105
4.4 CITY-ST-ZIP	Tampa FL 33618
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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]* REGISTERED 3-12-98 813 880-10120

CF2E037 (10/97)