

FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90015 047 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N02888

1. Corporation Name
MAGDALENE COURT CONDOMINIUM ASSOCIATION, INC.

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| Principal Place of Business 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 US | Mailing Address 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 US |
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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 05/03/1984 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2403562 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent LERNER, PATRICIA LEIB 420 WEST PLATT STREET TAMPA FL 33606 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|-------------------------------|---|--|
| TITLE DT <input type="checkbox"/> DELETE | NAME BABCOK, MARION E. | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 13620 LAKE MAGDELENE BLVD #105 | CITY-ST-ZIP TAMPA FL 33618 | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY-ST-ZIP | |
| TITLE SD <input checked="" type="checkbox"/> DELETE | NAME SHAW, MARY J | 2.1 TITLE T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| STREET ADDRESS 13620 LAKE MAGDALENE BLVD. #210 | CITY-ST-ZIP TAMPA FL | 2.2 NAME Giandomina, Margaret | |
| | | 2.3 STREET ADDRESS 13620 Lake Magdalene Blvd # 307 | |
| | | 2.4 CITY-ST-ZIP Tampa FL 33618 | |
| TITLE PD <input checked="" type="checkbox"/> DELETE | NAME BENINATI, ROBERT | 3.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| STREET ADDRESS 13620 LAKE MAGDALENE BLVD. #503 | CITY-ST-ZIP TAMPA FL | 3.2 NAME Pittman, Henry O. | |
| | | 3.3 STREET ADDRESS 13620 Lake Magdalene Blvd #507 | |
| | | 3.4 CITY-ST-ZIP Tampa FL 33618 | |
| TITLE <input type="checkbox"/> DELETE | NAME | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | NAME | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | NAME | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | | 6.2 NAME | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Henry O. Pittman Date: 1-21-99 Daytime Phone #: 813-980-1000

CR2E037 (11/98)