

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02888

1. Entity Name

MAGDALENE COURT CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90038 010 ****61.25

Principal Place of Business 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637 US	Mailing Address 7001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637-5734 US
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DO NOT WRITE IN THIS SPACE

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 59-2403562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LERNER, PATRICIA LEIB
420 WEST PLATT STREET
TAMPA FL 33606**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE DT	<input checked="" type="checkbox"/> Delete
NAME BABCOK, MARION E.	
STREET ADDRESS 13620 LAKE MAGDELENE BLVD #105	
CITY-ST-ZIP TAMPA FL 33618	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME GIRONDINA, MARGARET	
STREET ADDRESS 13620 LAKE MAGDALENE BLVD. #210	
CITY-ST-ZIP TAMPA FL	
TITLE PD	<input type="checkbox"/> Delete
NAME PITTMAN, HENRY O	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Benson, Barbara	
STREET ADDRESS 13620 Lake Magdalene Blvd #108	
CITY-ST-ZIP Tampa FL 33618	
TITLE D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Beninati, Robert	
STREET ADDRESS 13620 Lake Magdalene Blvd #503	
CITY-ST-ZIP Tampa FL 33618	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 I am empowered.

SIGNATURE: *Barbara Benson* **SIGNATURE REQUIRED** *Barbara Benson* **2-3-00** **813-980-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)