


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90343 005 ****61.25

| | | |
|---|--|---|
| DOCUMENT # N02888 | |  |
| 1. Entity Name MAGDALENE COURT CONDOMINIUM ASSOCIATION, INC. | | |
| Principal Place of Business 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US | | Mailing Address 7001 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33637 US |

24047646



| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 03112004 Chg-NP CR2E037 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-2403562 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | | | |
|---|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LERNER, PATRICIA LEIB 420 WEST PLATT STREET TAMPA, FL 33606 | | | 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, 2004 | 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 | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUCCINELLO, BARBARA | | NAME | | |
| STREET ADDRESS | 13620 LAKE MAGDALENE BLVD #107 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33618 | | CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KIRACOFE, PAT | | NAME | CUCCINELLO, LISA | |
| STREET ADDRESS | 13620 LAKE MAGDALENE BLVD #606 | | STREET ADDRESS | 13620 LAKE MAGDALENE BLVD UNIT 604 | |
| CITY-ST-ZIP | TAMPA, FL 33618 | | CITY-ST-ZIP | TAMPA, FL 33618 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUCCINELLO, BARBARA | | NAME | CUCCINELLO, BARBARA | |
| STREET ADDRESS | 13620 LAKE MAGDELENE BLVD #107 | | STREET ADDRESS | 13620 LAKE MAGDALENE BLVD UNIT 604 | |
| CITY-ST-ZIP | TAMPA, FL 33618 | | CITY-ST-ZIP | TAMPA, FL 33618 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POWELL, LANA | | NAME | | |
| STREET ADDRESS | 13620 LAKE MAGDALENE BLVD #501 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FL 33618 | | CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VALDES, EUNICE | | NAME | RACINE, Glenda | |
| STREET ADDRESS | 13620 LAKE MAGDALENE BLVD #103 | | STREET ADDRESS | 13620 LAKE MAGDALENE BLVD - UNIT 206 | |
| CITY-ST-ZIP | TAMPA, FL 33618 | | CITY-ST-ZIP | TAMPA, FL 33618 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete | TITLE | B | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BANKO, VINCENT | | NAME | Burke, Jerry | |
| STREET ADDRESS | 13620 LAKE MAGDALENE BLVD #406 | | STREET ADDRESS | 13620 LAKE MAGDALENE BLVD #201 | |
| CITY-ST-ZIP | TAMPA, FL 33618 | | CITY-ST-ZIP | TAMPA, FL 33618 | |

12. 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 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: *Barbara Cuccinello* **4/1/04** **980-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #