


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90100 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


40056272

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02082006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2403562

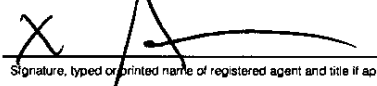
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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  **Antonio Duarte III**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4/14/06**

7. Name and Address of New Registered Agent

Name
ANTONIO DUARTE, III, P.A.

Street Address (P.O. Box Number is Not Accepted)
ATTORNEY AT LAW

City **6221 LAND O LAKES BOULEVARD** Zip Code **FLORIDA 34638**

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	CUCCINELLO, BARBARA	13620 LAKE MAGDALENE BLVD #107	TAMPA, FL 33618	<input checked="" type="checkbox"/>
VP	CUCCINELLO, LISA	13620 LAKE MAGDALENE BLVD., UNIT 604	TAMPA, FL 33618	<input checked="" type="checkbox"/>
SD	CUCCINELLO, BARBARA	13620 LAKE MAGDALENE BLVD., UNIT 604	TAMPA, FL 33618	<input checked="" type="checkbox"/>
TD	POWELL, LANA	13620 LAKE MAGDALENE BLVD #501	TAMPA, FL 33618	<input checked="" type="checkbox"/>
D	RACINE, GLENDA	13620 LAKE MAGDALENE BLVD., UNIT 206	TAMPA, FL 33618	<input checked="" type="checkbox"/>
D	BURILE, JERRY	13620 LAKE MAGDALENE BLVD., #201	TAMPA, FL 33618	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	Jack Simpson	13620 LAKE MAGDALENE BLVD # 205	TAMPA, FL 33618	<input type="checkbox"/>
VP	KIRACOFE, Patricia	13620 LAKE MAGDALENE BLVD #606	TAMPA, FL 33618	<input type="checkbox"/>
SD	Valenti, Sharon	13620 LAKE MAGDALENE BLVD # 509	TAMPA, FL 33618	<input type="checkbox"/>
TD	BAATHOLOMEW, Sharon	13620 LAKE MAGDALENE BLVD #611	TAMPA, FL 33618	<input type="checkbox"/>
D	Burger, Cecelia	13620 LAKE MAGDALENE BLVD #203	TAMPA, FL 33618	<input type="checkbox"/>

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:  **Jack Simpson**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **03/3/06** Daytime Phone # **980-1000**