


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90047 014 ****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					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2403562			
				Applied For Not Applicable			
				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				
DUARTE, ANTONIO III 6221 LAND O'LAKES BOULEVARD LAND O'LAKES, FL 34658			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2007		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	SIMPSON, JACK		NAME				
STREET ADDRESS	13620 LAKE MAGDALENE BLVD #205		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRACOFE, PATRICIA		NAME				
STREET ADDRESS	13620 LAKE MAGDALENE BLVD #606		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALENTI, SHARON		NAME				
STREET ADDRESS	13620 LAKE MAGDALENE BLVD #509		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BARTHOLOMEW, SHARON		NAME	Marie Simpson			
STREET ADDRESS	13620 LAKE MAGDALENE BLVD #611		STREET ADDRESS	13620 Lake Magdalene Blvd #205			
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	Tampa, FL 33618			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURGER, CECELIA		NAME				
STREET ADDRESS	13620 LAKE MAGDALENE BLVD #203		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Jack Simpson</i>		Date: <i>01/06/07</i>		Daytime Phone #: <i>813-908-1825</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

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