# N02888

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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P.A. Charge MAY 0 9 2007 LAW OFFICES OF

### RICHARD H. WILSON, P.A.

ATTORNEYS AND COUNSELORS AT LAW

215 VERNE STREET POST OFFICE BOX 709 TAMPA, FLORIDA 33601

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RichardWilson@rhw-law.com

RICHARD H. WILSON
MARIELLE E. WESTERMAN

April 30, 2007

Florida Department of State Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Magdalene Court Condominium Association, Inc.

#### Gentlemen:

Enclosed please find the following:

- 1. Cover Letter to the Amendment Section, Division of Corporations
- 2. Statement of Change of Registered Office or Registered Agent
- 3. Our firm's check in the amount of \$35.00

Please process the Statement of Change at your earliest convenience and return all correspondence regarding this matter to the undersigned.

If you have any questions or if I can be of any further service, please do not hesitate to contact me.

Sinecrely.

Marielle E. Westerman

MEW:pjs Enclosures

cc: Mr. Jack Simpson
Ms. Sandi Stansel

#### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Magdalene Court Condominium Association (Name of Corporation)	iation, Inc.
DOCUMENT NUMBER: N02888	
The enclosed Statement of Change of Registered Office/Agent a	nd fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Marielle E. Westerman, Esquire (Name of Contact Pers	e
(Name of Contact Pers	on)
Richard H. Wilson, P.A. (Firm/Company)	
215 Verne Street, Suite A (Address)	
Tampa, FL 33606 (City/State and Zip Co	ode)
For further information concerning this matter, please call:	
Marielle E. Westerman, Esquire at (Name of Contact Person)	813 ) 253–2555 rea Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of S	State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle
	Tallahassee, FL 32301

## APPROVE AND FILFO

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted fo	ons 607.0502, 617.05 or a corporation orga sistered office or regis	mized unde	r the laws of the	State of Flo	rida	
1. The name of	f the corporation:	Magdalene Co	urt Cond	lominium Ass	sociation,	Inc.	
2. The principa	al office address:	7001 Temple	Terrace	Highway			
		Temple Terra	ce, FL	33637			
3. The mailing	address (if different	t):					
4. Date of incom	rporation/qualificati	ion: 5/3/1984	Doc	cument number:	N02888		
	nd street address of tartment of State:	the current registered	agent and i	egistered office	on file with the		
	Antonio	Duarte, III					
	6221 Lane	d O'Lakes Boul	evard		<del></del> .	TA S	0
	Land O'La	akes, FL 346	58			ECRE LL AH	7 MAY
6. The name an (if changed):		the new registered ago	ent (if chan	ged) and /or regi	stered office	CRETARY OF AHASSEE	3
	<u>Marielle</u>	E. Westerman,	Esquire	<u> </u>		F STATE FLORID	AM III: 2
	215 Verno	e Street, Suite (P.O. Box NOT acceptab			<del> </del>	TE AUDA	?3
	Tampa, F	L 33606					
The street addr as changed wil	ress of its registere	d office and the stree	et address o	of the business o	ffice of its regi	stered agent,	
Such change wauthorized by	vas authorized by r	esolution duly adopt orporation has been r	ed by its b notified in	oard of directors writing of the ch	s or by an offici nange.	er so	
Jack Nigna	ature of an officer or direct	190)	Jac	k Simpson, (Printed or type	President d name and title)	<del> </del>	
I hereby accep I further agree of my duties, a document is be corpor <u>ation he</u>	of the appointment to comply with the and I am familiar w wing filed merely to as been notified in	as registered agent a e provisions of all sto with and accept the ol o reflect a change in t writing of this chang	and agree t atutes relai bligation o the registe ge.	o act in this cap ive to the prope f my position as red office addres	acity. r and complete registered age. ss, I hereby cor	performance nt. Or, if this ifirm that the	? }
M							
(S	Signature of Registered Ag	gent)		4-30 - 07	ite)	<del> </del>	
If signing on b	ehalf of an entity:						
	(Typed or Printed Name)						
		* * * FILING F	FEE: \$35.0	0 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314