


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90033 041 ****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		01072008 Chg-NP CR2E037 (12/06)	
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		
WESTERMAN, MARIELLE E ESQ 215 VERNE ST STE. A 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALENTI, SHARON		NAME	SD GARVEY, Regina	
STREET ADDRESS	13620 LAKE MAGDALENE BLVD #509		STREET ADDRESS	13620 Lake Magdalene Ct # 309	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change
NAME	SIMPSON, MARIE		NAME	BARR, KATY	
STREET ADDRESS	13620 LAKE MAGDALENE BLVD. #205		STREET ADDRESS	13620 Lake Magdalene Ct # 309	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change
NAME	BURGER, CECELIA		NAME	BURKE, JERRY	
STREET ADDRESS	13620 LAKE MAGDALENE BLVD #203		STREET ADDRESS	13620 Lake Magdalene Ct # 301	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
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>		Jack Simpson		3/27/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 980-1000	

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