

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02888

FILED
Jan 13, 2009
Secretary of State

Entity Name: MAGDALENE COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

7001 TEMPLE TERRACE HWY
TEMPLE TERRACE, FL 33637 US

New Mailing Address:

FEI Number: 59-2403562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTERMAN, MARIELLE E ESQ
215 VERNE ST
STE. A
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMPSON, JACK
Address: 13620 LAKE MAGDALENE BLVD #205
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: KIRACOFE, PATRICIA
Address: 13620 LAKE MAGDALENE BLVD #606
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: GARVEY, REGINA
Address: 13620 LAKE MAGDALENE CT STE 304
City-St-Zip: TAMPA, FL 33618

Title: TD () Delete
Name: SARR, KATY
Address: 13620 LAKE MAGDALENE CT STE 309
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: BURKE, JERRY
Address: 13620 LAKE MAGDALENE CT STE 21
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK SIMPSON

PD

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date