

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02888

FILED  
Jan 18, 2012  
Secretary of State

**Entity Name:** MAGDALENE COURT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

807 W PLATT  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10217  
TAMPA, FL 33679 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  
WESTERMAN WHITE, P.A.  
146 2ND STREET NORTH, SUITE 208  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

WESTERMAN, MARIELLE E ESQ  
WESTERMAN WHITE, P.A.  
146 2ND STREET NORTH, SUITE 100  
ST. PETERSBURG, FL 33701 US

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: MARIELLE WESTERMAN

01/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CZARIAK, GENE  
Address: PO BOX 10217  
City-St-Zip: TAMPA, FL 33679

Title: P  
Name: KIRACOFE, PATRICIA  
Address: PO BOX 10217  
City-St-Zip: TAMPA, FL 33679

Title: SD  
Name: GARVEY, REGINA  
Address: PO BOX 10217  
City-St-Zip: TAMPA, FL 33679

Title: TD  
Name: BARR, KATIE  
Address: PO BOX 10217  
City-St-Zip: TAMPA, FL 33679

Title: D  
Name: SEGRETO, DAWN  
Address: PO BOX 10217  
City-St-Zip: TAMPA, FL 33679

I hereby 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 all other like empowered.

SIGNATURE: PAT KIRACOFE

P

01/18/2012

Electronic Signature of Signing Officer or Director

Date