2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N04815

1. Entity Name
MAGNUM BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6130 CLARK CENTER AVENUE #102 MAGNUM BUILDING CONDOMINIUM SARASOTA, FL 34238	313 INTERSTATE CT SARASOTA, FL 34240 US

05082006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2788301
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARD, DAMM
6130 CLARK CENTER AVE.
#102
SARASOTA, FL 34238

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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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	REINHARDT, DAMM
STREET ADDRESS	6130 CLARK CENTER AVENUE #102
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	D
NAME	SEPER, STEVE
STREET ADDRESS	6130 CLARK CENTER AVENUE #101
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	VP
NAME	PAQUETTE, BRUCE
STREET ADDRESS	516 BEACH ROAD
CITY-ST-ZIP	SARASOTA, FL
TITLE	PD
NAME	CIESLAK, MARTIN
STREET ADDRESS	5546 OAK GROVE CT
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	S
NAME	PAXTON, TOM
STREET ADDRESS	6130 CLARK CENTER AVE, #106
CITY-ST-ZIP	SARASOTA, FL 342331612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/04/06-80008-019 61.25

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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: Martin L. Cieslak MARTIN L. CIESLAK 8/8/06 (941) 955-6343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #