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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40039420

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000003953

1. Entity Name
MAGDALENA GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1625 NORTH COMMERCE PARKWAY SUITE 315 WESTON, FL 33326	1625 NORTH COMMERCE PARKWAY SUITE 315 WESTON, FL 33326

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
240 West End DR	6025 Taylor Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2
City & State: Punta Gorda	City & State: Punta Gorda
Zip: FL 33950 Country: USA	Zip: FL 33950 Country: USA

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4186172 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOMBARDI, VINCENZO 3906 LACOSTA ISLAND COURT PUNTA GORDA, FL 33950	Name: Star Hospitality Management Street Address (P.O. Box Number is Not Acceptable): 6025 Taylor Rd #2 City: Punta Gorda FL Zip Code: 33950

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: Sherry Parker 1-29-07
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOMBARDI, VINCENZO 3906 LACOSTA ISLAND COURT PUNTA GORDA, FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALBACETE, ALFONSO 1625 NORTH COMMERCE PARKWAY SUITE 315 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARTINEZ, CIRO 1625 NORTH COMMERCE PARKWAY SUITE 315 WESTON, FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 2.20.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #