

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90031 009 ****61.25

DOCUMENT # N05000003953					
1. Entity Name MAGDALENA GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 240 WEST END DR PUNTA GORDA, FL 33950			Mailing Address 6025 TAYLOR RD 2 PUNTA GORDA, FL 33950		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-4186172				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR RD #2 PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	NAME LOMBARDI, VINCENZO	<input checked="" type="checkbox"/> Delete	TITLE P	NAME President Kelly Gaylord	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3906 LACOSTA ISLAND COURT	PUNTA GORDA, FL 33950		STREET ADDRESS 320 Palm Isles Ct	Punta Gorda FL 33950	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	Punta Gorda FL 33950	
TITLE SD	NAME ALBACETE, ALFONSO	<input checked="" type="checkbox"/> Delete	TITLE Vice President	NAME Karen Candiani	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1625 NORTH COMMERCE PARKWAY SUITE 315	WESTON, FL 33326		STREET ADDRESS P.O. Box 198	Baptistown NJ 08803	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Punta Gorda FL 33955	
TITLE TD	NAME MARTINEZ, CIRO	<input checked="" type="checkbox"/> Delete	TITLE Secretary	NAME Siegward Osicki	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1625 NORTH COMMERCE PARKWAY SUITE 315	WESTON, FL 33326		STREET ADDRESS 2049 Big Pass Lane	Punta Gorda FL 33955	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	Punta Gorda FL 33955	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE Treasurer	NAME David Bird	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	PUNTA GORDA, FL 33955		STREET ADDRESS 3863 Cape Cole Blvd	Punta Gorda FL 33955	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	Punta Gorda FL 33955	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE Director	NAME Cort Land Brown	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	PUNTA GORDA, FL 33955		STREET ADDRESS 1133 Bal Harbor Blvd #1139	Punta Gorda FL 33950	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	Punta Gorda FL 33950	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PUNTA GORDA, FL 33955		STREET ADDRESS	PUNTA GORDA, FL 33955	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA, FL 33955	
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>Karen Candiani</i>			1-22-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		