2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

MAGDALENA GARDENS CONDOMINIUM ASSOCIATION, INC. Procipial Place of Business - No POL Box # 3. Mailing Address 5025 TAYLOR RD PUNTA CORDA, FL 33950 2. Principial Place of Business - No POL Box # 3. Mailing Address Sulfa, Apt # etc. 5. Sulfa, Apt #, etc. 01152008 Chg NP CR2E037 (12/06) City & Status Chy & Status 4. FEI humber 20.4198172 Applied For City & Status Chy & Status 4. FEI humber 20.4198172 Applied For Not Applicable Sa. 75 Address of Status Depired Face Sa. 75 Address of Status Department of State Sa. 75 Address of Statu		ANNUA	LKE	PORI				, N	CCICIA	_		
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Manip Address Superior Supe	1. Entity Name MAGDALENA GARDENS CONDOMINIUM ASSOCIATION, INC.											
PUNTA CORDA, FL 33950 Suite, Apt. #, etc. Suite,	Principal Place of Business 240 WEST END DR		—				مستندق	guo.				
Suite, Apil 4, etc. Suite, Ap	PUNTA GORI	DA, FL 33950	2 Pun	ITA GORDA, FL 33	950	•						
City & State City & State City & State City & State Country Country Country Country Country Country Country Country Set This was and Address of Current Registered Agent Name 6. Name and Address of Current Registered Agent Name 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zap Code City FL Zap Code City FL Zap Code City FL Zap Code Signature Signature Signature Filling Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Philing Fee is \$61.25 Philing Fee is \$61.25 Due by May 1, 2008 Philing Fee is \$61.25 Philing Fee is \$61.2	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address									
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S. Certificate of Status Desired		te	С	ity & State			•	4. FEI Number 20-4186	172			
STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR RD #2 PUNTA GORDA, FL 33950 City FL 2xp Code 8. The above named entity/gubmist 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Filling Fee is \$61.25 Due by May 1, 2008 Punt Pun	Zip				Cou	untry		<u> </u>			Fee Require	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	it Kegister	ed Agent		Name		7. Name and /	Address of New I	tegistered	Agent	
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 wind, and accept the obligations of registered agent. SIGNATURE Signature typed of predict area of registered agent and the flapsk-claim (NOTE Registered Agent signature required when remaining) DATE	STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR RD											
8. The above named entity pubmits 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 SIGNATUR	PUNTA G	ORDA, FL 33950				City					Žip Code	3
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PLANES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PLANES 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PLANE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PLANE 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PLANE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PLANE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PLANE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PLANE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PLANE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PLANE 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PLANE 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 16. ADDITIONS/CHANGES TO CHANGE TO ADDITIONS TO ADDITIONS 16. ADDITIONS/CHANGES TO CHANGE TO ADDITIONS 16. ADDITIONS/CHANGES TO ADDITIONS 16. ADDITIONS/CHANGES TO CHANGE TO ADDITIONS 16. ADDITIONS/CHANGES TO ADDITIONS 1	SIGNATURE	Filing Fee is \$61.25	nt and title if ap	9. Election Car	mpaign F	inancing	_	\$5.00 May Be	•	Make chec		
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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 it 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	Laur (andiani	1-22-08	•
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER OR DIRE	ECTOR Date	Daytims Inone #