2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003953

FILED Feb 13, 2009 Secretary of State

Entity Name: MAGDALENA GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 240 WEST END DR PUNTA GORDA, FL 33950 **Current Mailing Address: New Mailing Address:** 6025 TAYLOR RD 26530 MALLARD WAY PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 FEI Number: 20-4186172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STAR HOSPITALITY MANAGEMENT, INC. STAR HOSPITALITY MANAGEMENT, INC. 6025 TAYLOR RD 26530 MALLARD WAY PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33950 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: 02/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GAYLORD, KELLY Name: Name: 320 PALM ISLES CT Address: Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: Title: () Delete Title: () Change () Addition CANDIANI, KAREN Name: Name: Address: **POB 198** Address: City-St-Zip: BAPTISTOWN, NJ 08803 City-St-Zip: Title: () Delete Title: (X) Change () Addition OSICKI, SIEGWARD Name: OSICKI, SIEGWARD Name: 2049 BIG PASS LN 2049 BIG PASS LN Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: PUNTA GORDA, FL 33955 Title: () Delete Title: D (X) Change () Addition BIRD, DAVID Name: Name: CASE, RONALD 3863 CAPE COLE BLVD 2860 EAST RIVER RD Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: GRAND ISLAND, NY 14072 Title: () Delete Title: (X) Change () Addition LANDBROWN, CORT BROWN, CORTLAND P Name: Name: 1133 BAL HARBOR BLVD 1139 1133 BAL HARBOR BLVD #1139 Address: Address: PUNTA GORDA, FL 33950 City-St-Zip: City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KELLY GAYLORD P 02/13/2009