

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19844** (2)
1. Corporation Name
MAGDALINA TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2732 MAGDALENA DR UNIT C PUNTA GORDA FL 33950	Mailing Address 2732 MAGDALENA DR UNIT C PUNTA GORDA FL 33950
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3. Date Incorporated or Qualified 03/26/1987	
4. FEI Number 93-0980954	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 SAME Suite, Apt. #, etc. 22 UNIT D City & State 23 SAME Zip 24 SAME	2a. Mailing Address 25 SAME Suite, Apt. #, etc. 27 UNIT D City & State 28 SAME Zip 29 SAME
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SCHUPP, ROGER
2732 MAGDALENA DRIVE
UNIT C
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent
81 Name WILLIAM G. WEIR
82 Street Address (P.O. Box Number is Not Acceptable) 2732 MAGDALINA DRIVE
83 UNIT D
84 City PUNTA GORDA FL 85 Zip Code 33950

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *William G. Weir* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JONES, FRANK
STREET ADDRESS	2732 MAGDALENA DR #E
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	VD
NAME	MCGOWAN, PETER
STREET ADDRESS	178 E. BAYBERRY RD
CITY-ST-ZIP	ISLIP NY
TITLE	SDT
NAME	SCHUPP, ROGER
STREET ADDRESS	2732 MAGDALENA DR #C
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SDT WILLIAM G. WEIR
3.3 STREET ADDRESS	2732 MAGDALINA DR #D
3.4 CITY-ST-ZIP	PUNTA GORDA FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William G. Weir* **WILLIAM G. WEIR** 1/9/98 941-575-6281

CR2E037 (10/97)