

**2004 NOT-FOR-PROFIT-CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90007 023 ****61.25

DOCUMENT # N19844

1. Entity Name
**MAGDALINA TERRACE CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**2732 MAGDALENGA DR UNIT C
UNIT E
PUNTA GORDA, FL 33950 US**

Mailing Address
**2421 SHREVE STREET
115
PUNTA GORDA, FL 33950 US**

54038328



03252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
93-0980954

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENNETT, DOROTHY M
2421 SHREVE STREET
115
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHUPP, MICHAEL
STREET ADDRESS	311 SPRUCEWOOD RD
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VD
NAME	THOMPSEN, GLENN
STREET ADDRESS	2732 MAGDALENGA DR UNIT E
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	SD
NAME	SPINOLA, LISA
STREET ADDRESS	2732 MAGDALINA DR #E
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dorothy M. Bennett R.A.

4/19/04 941-639-1142