

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90195 050 ****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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country



04222005 Chg-NP CR2E037 (10/03)

4. FEI Number 93-0980954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BENNETT, DOROTHY M 2421 SHREVE STREET 115 PUNTA GORDA, FL 33950
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUPP, MICHAEL <input checked="" type="checkbox"/> Delete 311 SPRUCEWOOD RD LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSEN, GLENN <input checked="" type="checkbox"/> Delete 2732 MAGDALENGA DR UNIT E PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPINOLA, LISA <input checked="" type="checkbox"/> Delete 2732 MAGDALINA DR #E PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY LOWERY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6469 Edgewater Dr ERIE MI 48133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANET DABAL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 317 ROUTE 94 VERNON NJ 07462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEANNE MESSENGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2732 MAGDALINA DR UNIT D PUNTA GORDA FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dorothy M. Bennett R.A. Date: 4/25/05 Daytime Phone #: 941-639-1142