2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N19844



FILED Apr 30, 2007 8:00 am Secretary of State

1. Entity Name MAGDALINA TERRACE CONDOMINIUM ASSOCIATION, INC.						04-30-2007 90441 020 ****61.25					
2732 MAGDALENGA DR UNIT C 244 UNIT E 115		2421 115	iling Address 121 SHREVE STREET 5 JNTA GORDA, FL 33950 US								
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc. S		Sui	uite. Apt. #. etc.			04242007 Ch	g-NP	CR2E	037 (12/06)		
City & State		City	City & State			4. FEI Number 93-0980954				plied For t Applicable	
Zip Country 2		Zip	p Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registere			d Agent			7. Name and Address of New Registered Agent					
DE. 14 /EYT	-Dobotiny 14			Name	Name						
BENNETT, DOROTHY M 2421 SHREVE STREET 115				Street A	Street Address (P.O. Box Number is Not Acceptable)						
PUNTA GORDA, FL. 33950											
			City	City FL Zip Code							
	named entity submits this statement folions of registered agent. Signature, typed or armical name of registered agent.			registered office o			the State of F	Florida. I an	n familiar with.	and accept	
Filing Fee is \$61.25 Due by May 1, 2007			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 DI	RECTORS	•	11.	Α	DDITIONS/CHANGE	S TO OFFIC	ERS AND D	DIRECTORS IN	10	
TITLE	D		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LOWERY, GARY 6469 EDGEWATER DRIVE ERIE, MI 48133			NAME STREET ADDRESS CITY ST ZIP							
TITLE NAME STREET ADDRESS	D DABAL, JANET 317 ROUTE 94		☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	Addition	
CITY-ST-ZIP	VERNON, NJ 07462			CITY ST ZIP	<u> </u>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSENGER, ROSEANNE 2001 GASPARELLA RD PLACIDA, FL 33946		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	50 NO. P.O. PUN	uup, MICH Box 51117 TA, GORAA	ael 4 , Fl	3395	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete	TITLE NAME STREET ADDRESS CITY ST ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP					☐ Change	Addition	

12. Thereby certify that the information supplied with this filling 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 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 air attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR