


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90154 001 ****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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40094100



02062008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

Filing Fee is \$61.25 Due by May 1, 2008

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	D	<input type="checkbox"/> Delete
NAME	LOWERY, GARY	
STREET ADDRESS	6469 EDGEWATER DRIVE	
CITY-ST-ZIP	ERIE, MI 48133	
TITLE	D	<input type="checkbox"/> Delete
NAME	DABAL, JANET	
STREET ADDRESS	317 ROUTE 94	
CITY-ST-ZIP	VERNON, NJ 07462	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESSENGER, ROSEANNE	
STREET ADDRESS	2001 GASPARELLA RD	
CITY-ST-ZIP	PLACIDA, FL 33946	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy M. Bennett RA/CAM* **4/30/08** **941-639-1142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #