

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19844

FILED  
Apr 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2732 MAGDALENGA DR UNIT C  
UNIT E  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

2421 SHREVE STREET  
115  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

**FEI Number:** 93-0980954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOWERY, GARY  
Address: 6469 EDGEWATER DRIVE  
City-St-Zip: ERIE, MI 48133

Title: D ( ) Delete  
Name: DABAL, JANET  
Address: 317 ROUTE 94  
City-St-Zip: VERNON, NJ 07462 US

Title: D ( ) Delete  
Name: MESSENGER, ROSEANNE  
Address: 2001 GASPARILLA RD  
City-St-Zip: PLACIDA, FL 33946

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY LOWERY

DIR

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date