2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N42519

Entity Name: MAGDALENE RESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

14813 TURNER RD
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

14813 TURNER RD
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 59-3070553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEST COAST MGMT., & REALTY INC
14813 TURNER RD
TAMPA, FL 33624 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: P ( ) Delete
Name: POPE, DARRELL
Address: 13122 GREENGAGE LANE
City-St-Zip: TAMPA, FL 33612

Title: TD ( ) Delete
Name: ALEXANDER, ROSIE
Address: 13124 GREENGAGE LANE
City-St-Zip: TAMPA, FL 33612

Title: S ( ) Delete
Name: NEWTON, JENNIFER
Address: 13120 GREENGAGE LANE
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete
Name: GARCIA, GENARO
Address: 13151 GREENGAGE LN
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete
Name: WALSH, THOMAS
Address: 13108 GREENGAGE LN
City-St-Zip: TAMPA, FL 33612

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

Title: VP (X) Change ( ) Addition
Name: WALSH, THOMAS
Address: 13108 GREENGAGE LN
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Change (X) Addition
Name: SKOKE, DAVID
Address: 2213 GREEN OAKS LANE
City-St-Zip: TAMPA, FL 33612

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: DARRELL POPE P 01/19/2009

Electronic Signature of Signing Officer or Director — Date