


**2004 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90007 023 \*\*\*\*61.25

**DOCUMENT # N19844**

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



Principal Place of Business <b>2732 MAGDALENGA DR UNIT C          UNIT E          PUNTA GORDA, FL 33950 US</b>	Mailing Address <b>2421 SHREVE STREET          115          PUNTA GORDA, FL 33950 US</b>
---	---

**54038328**



03252004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUPP, MICHAEL 311 SPRUCEWOOD RD LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSEN, GLENN 2732 MAGDALENGA DR UNIT E PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPINOLA, LISA 2732 MAGDALINA DR #E PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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. **4/19/04** **941-639-1142**

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