

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90207 013 \*\*\*\*61.25

**60030864**



03132006 Chg-NP CR2E037 (11/05)

4. FEI Number **93-0980954** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LOWERY, GARY</b>
STREET ADDRESS	<b>6469 EDGEWATER DRIVE</b>
CITY-ST-ZIP	<b>ERIE, MI 48133</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DABAL, JANET</b>
STREET ADDRESS	<b>317 ROUTE 94</b>
CITY-ST-ZIP	<b>VERNON, NJ 07462</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MESSENGER, ROSEANNE</b>
STREET ADDRESS	<b>2732 MAGDELINA DRIVE, UNIT D</b>
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33950</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2001 GASPARILLA Rd</b>
CITY-ST-ZIP	<b>PLACIDA, FL 33986</b>
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* **C.A.M.** 4/26/06 941-639-1142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #