


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90441 020 \*\*\*\*61.25

<b>DOCUMENT # N19844</b>					
<b>1. Entity Name</b> MAGDALINA TERRACE CONDOMINIUM ASSOCIATION, INC.					
<b>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>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 93-0980954	
Zip		Zip		Applied For Not Applicable	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BENNETT, DOROTHY M 2421 SHREVE STREET 115 PUNTA GORDA, FL 33950			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, last read, and (FID) Registered Agent signature required when reinstating.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, GARY		NAME		
STREET ADDRESS	6469 EDGEWATER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ERIE, MI 48133		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABAL, JANET		NAME		
STREET ADDRESS	317 ROUTE 94		STREET ADDRESS		
CITY-ST-ZIP	VERNON, NJ 07462		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSENGER, ROSEANNE		NAME		
STREET ADDRESS	2001 GASPARELLA RD		STREET ADDRESS		
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SCHUMP, MICHAEL	
STREET ADDRESS			STREET ADDRESS	P.O. Box 511174	
CITY-ST-ZIP			CITY-ST-ZIP	PUNTA GORDA, FL 33951	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <i>D. Bennett</i> R.A./C.A.M.			Date: <i>4/25/07</i> 941-639-1142		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Day-Mo-Year</small>		