FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995** 5-1-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727608 (2)

1. Corporation Name
MAJESTIC VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6289 W. SUNRISE BLVD., SUITE 202 SUNRISE FL 33313-6192	6289 W. SUNRISE BLVD., SUITE 202 SUNRISE FL 33313-6192

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1973
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-1544837 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SUMMIT PROPERTY MANAGEMENT, INC.
6289 WEST SUNRISE BLVD.
SUITE 202
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VD~~	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	WINSTON, RALPH	1.2 NAME		
STREET ADDRESS	761-2 COCOPLUM CIR	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	AMIR, OFER	2.2 NAME		
STREET ADDRESS	720-2 COCOPLUM CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP		
TITLE	~~SD~~	3.1 TITLE	~~SD~~ SD	☐ Change ☐ Addition
NAME	~~VARGO, DEANA~~	3.2 NAME	Deana Vargo	
STREET ADDRESS	~~760-5 COCOPLUM CIR~~	3.3 STREET ADDRESS	760-5 Cocoplum Circle	
CITY-ST-ZIP	~~PLANTATION FL~~	3.4 CITY-ST-ZIP	Plantation, FL	
TITLE	~~TD~~	4.1 TITLE	T/D	☑ Change ☐ Addition
NAME	~~GRAMITH, KEVIN~~	4.2 NAME	Bob Hough	
STREET ADDRESS	~~741-3 GOCO PLUM CIRCLE~~	4.3 STREET ADDRESS	710-2 Cocoplum Circle	
CITY-ST-ZIP	~~PLANTATION FL~~	4.4 CITY-ST-ZIP	Plantation, FL	
TITLE	~~D~~	5.1 TITLE	V/D	☑ Change ☐ Addition
NAME	~~RISER, DOROTHY~~	5.2 NAME	Robert St. Jean	
STREET ADDRESS	~~730-1 COCOPLUM CIR~~	5.3 STREET ADDRESS	1151-1 Cocoplum Circle	
CITY-ST-ZIP	~~PLANTATION FL~~	5.4 CITY-ST-ZIP	Plantation, FL	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	VELINSKY, SIDNEY	6.2 NAME		
STREET ADDRESS	8800-4 GATEHOUSE RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John R. Hough Jr. 4/12/95 305 477-2474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010012