FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 10/02/1973
3a. Date of Last Report: 05/01/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☑ DELETE	11 TITLE	P	☐ Change ☑ Addition
NAME	~~WINSTON, RALPH~~		12 NAME	William Hardigan	
STREET ADDRESS	~~761-2 COCOPLUM CIR~~		13 STREET ADDRESS	8801-7 Matchalee Rd.	
CITY-ST-ZIP	~~PLANTATION FL~~		14 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	AMIR, OFER		22 NAME		
STREET ADDRESS	720-2 COCOPLUM CIRCLE		23 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	VARGO, DEANN		32 NAME		
STREET ADDRESS	760-5 COCOPLUM CIR		33 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		34 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	HOUGH, BOB		42 NAME		
STREET ADDRESS	710-2 COCOPLUM CIR		43 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		44 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	51 TITLE	P/D	☑ Change ☐ Addition
NAME	ST. JEAN, ROBERT		52 NAME		
STREET ADDRESS	751-7 COCOPLUM CIR		53 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		54 CITY-ST-ZIP		
TITLE	~~D~~	☐ DELETE	61 TITLE	V/D	☑ Change ☐ Addition
NAME	VELINSKY, SIDNEY		62 NAME		
STREET ADDRESS	8800-4 GATEHOUSE RD		63 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: _____ 3/19/96 370-7174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #