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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

727608

(2)

MAJESTIC VIEW CONDOMINIUM ASSOCIATION, INC.

FILED Apr 09 1998 8:00am Secretary of State

MAJESTIC VIEW CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business Mailing Address		Mailing Address		ı realit (otto ileli italık oluli dalar idli alalı alalı bitli alalı alalı alalı alalı
C/O SUMMIT F P.O. BOX 1890 PLANTATION F US	• •	C/O SUMMIT PROPERTY MON P.O. BOX 189013 PLANTATION FL 33318 US	И.	3. Date Incorporated or Qualified 10/02/1973 4. FEI Number Applied For 59-1544837 Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		AA ==
21 Ambas	sador Community Mgt	28 Ambassador Co	mmunity Ma	5. Certificate of Status Desired \$8.75 Additional Fee Regulred
	west McNab Road	Suite, Apt. #, etc. 27 8051 West M	1cNab Ro	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
City & Stat	rarac, Florida		Florida	7. Is this nonprofit corporation a homeowners association? ✓ Yes ☐ No
Zip 24 <i>333</i> a	Country 25 U.S.A.	Zip 333321 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent	, <u> </u>	10. Name and Address of New Registered Agent
SUMMIT PROPERTY MANAGEMENT, INC. 4450 SUNRISE BLVD. SUITE C-100 PLANTATION FL 33313 81 Name Ambassador Community Management 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Tamarac FL 85 Zip Code 235321				
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 TO THE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algenture regulated when reinstating) DATE OATE OATE OATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	₹ D M Change
NAME	HARDIGAN, WILLIAM		1.2 NAME	
STREET ADDRESS	8801-7 GATECHOUS RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP	
TITLE	D	□ DELETE	2.1 TITLE	SD Change Addition
NAME	MILARSKY, JACK		22 NAME	
STREET ADDRESS	8801-3 GATEHOUSE RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	PLANTATION FL SD	DELETE	2. 4 City-St-ZiP 3.1 Title	✓ D
NAME	VARGO, DEANN	LT OCCCIO	3.2 NAME	Bure Schoolder
STREET ADDRESS	760-5 COCOPLUM CIR		3.3 STREET ADDRESS	Bruce Schneider 701 Coco Plum Circle #1
CITY-ST-ZIP	PLANTATION FL		3.4. CITY-ST-ZIP	Plantation, FL 33324
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOUGH, BOB		4. 2 NAME	
STREET ADDRESS	710-2 COCOPLUM CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP	
TITLE	PD	DELETE	5.1 TITLE	Change Addition
NAME	ST. JEAN, ROBERT		5.2 NAME	Hence School 12 Circle #5
STREET ADDRESS	751-7 COCOPLUM CIR		5.3 STREET ADDRESS	Renee Schwartz 120 Coco Plum Circle #5 Plantation, FL 33324
CITY-ST-ZIP	PLANTATION FL	The server	5.4 CITY-ST-ZIP	Plantotion, FL 3334
TITLE		☐ DELETE	6.1 TITLE	Dabriela Tucker Change MAddition
NAME ATTRET ADADED			6.2 NAME	751 Coco Plum Circle #6
STREET ADDRESS			6.3 STREET ADDRESS	Plantation II 33374

indicated on this annual report or exhibitemental 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 of 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 changes from an attachment with an address.

SIGNATURE:

HILD.

4/1/98

954-720-1677