02211999-90028-039-$61.25-$61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727608

1. Corporation Name
MAJESTIC VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
AMBASSADOR COMMUNITY MGT. 8051 WEST MCNAB ROAD TAMARAC FL 33321 US	AMBASSADOR COMMUNITY MGT. 8051 WEST MCNAB ROAD TAMARAC FL 33321 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/02/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1544837 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

AMBASSADOR COMMUNITY MANAGEMENT
8051 WEST MCNAB ROAD
TAMARAC FL 33321

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARDIGAN, WILLIAM 8801-7 GATECHOUS RD PLANTATION FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MILARSKY, JACK 8801-3 GATEHOUSE RD. PLANTATION FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHNEIDER, BRUCE 701 COCO PLUM CIRCLE #1 PLANTATION FL 33324 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOUGH, BOB 710-2 COCOPLUM CIR PLANTATION FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition TD Hough, JR 710-2 Coco Plum Cr. Plantation, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, RENEE 720 COCO PLUM CIRCLE #5 PLANTATION FL 33324 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUCKER, GABRIELA 751 COCO PLUM CIRCLE PLANTATION FL 33324 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED J.R. Hough 2/11/99 954-720-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #