2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 727608 Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** MAJESTIC VIEW CONDOMINIUM ASSOCIATION, INC. 02-29-2000 90122 029 ****61.25 Principal Place of Business Mailing Address AMBASSADOR COMMUNITY MGT. AMBASSADOR COMMUNITY MGT. 9051 WEST MCNAB ROAD 9051 WEST MCNAB ROAD TAMARAC FL 33321 TAMARAC FL 33321-3254 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1544837 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AMBASSADOR COMMUNITY MANAGEMENT 8051 WEST MCNAB ROAD TAMARAC FL 33321 City Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VPRES,OENT Change TITI F TITLE Delete ROBERT BERGER HARDIGAN, WILLIAM NAME NAME 710 Coco Plum Circle # STREET ADDRESS 8801-7 GATECHOUS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL Plantation ☐ Change CZ TREASURER TITLE Delete TITLE NATALLE VEHNSKY MILARSKY, JACK-NAME NAME 8800 Gatehouse Road STREET ADDRESS STREET ADDRESS 8801-3 GATEHOUSE RD. CITY-ST-ZIP Plantation Fc. 33324 CITY-ST-ZIP PLANTATION FL PRESIDENT ☐ Addition Change Change TITLE VD ☐ Delete TITLE SCHNEIDER, BRUCE NAME NAME STREET ADDRESS STREET ADDRESS 701 COCO PLUM CIRCLE #1 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 σ ☐ Addition TITHE TD ☐ Delete TITLE Change NAME HOUGH, BOB NAME STREET ADDRESS STREET ADDRESS 710-2 COCOPLUM CIR CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL SECRETARY ☐ Delete TITLE Change ☐ Addition TITLE NAME SCHWARTZ, RENEE NAME STREET ADDRESS STREET ADDRESS 720 COCO PLUM CIRCLE #5 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 TITLE Change Addition TITLE Delete BIEDINGER FRANCES TUCKER, GABRIELA NAME NAME 761 Coco Plum Cirde +1 STREET ADDRESS 751 COCO PLUM CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Plantation <u> 77. 33324</u> 12. 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 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAND OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #