2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
02-18-2002 90001 004 ****61.25

DOCUMENT # 727608

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Brock Property Mgmt	Brock Property Mgmt
Suite, Apt. #, etc. 11606 NW 9 Dr.	Suite, Apt. #, etc. PO Box 770866
City & State Coral Springs	City & State Coral Springs
Zip 33071 Country USA	Zip 33077 Country USA

4. FEI Number 59-1544837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMBASSADOR COMMUNITY MANAGEMENT 8051 WEST MCNAB ROAD TAMARAC FL 33321	Name Jane Brock Street Address (P.O. Box Number is Not Acceptable) Brock Property Mgmt PO Box 770866 / 11606 NW 9 Dr. City Coral Springs FL Zip Code 33071

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 Jane M Brock 1/29/01

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BERGER, ROBERT 710 COCO PLUM CIRCLE PLANTATION FL 33324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Joe Vargo 760 Coco Plum Circle #5 Plantation, FL 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/Sec VELINSKY, NATALIE 8300 GATEHOUSE ROAD #4 PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHNEIDER, BRUCE 701 COCO PLUM CIRCLE #1 PLANTATION FL 33324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Richard Paige 750 Coco Plum Circle #4 Plantation, FL 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUGH, BOB 710-2 COCOPLUM CIR PLANTATION FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHWARTZ, RENEE 720 COCO PLUM CIRCLE #5 PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIEDINGER, FRANCES 761 COCO PLUM CIRCLE # 1 PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED 1/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #