

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90091 018 ****61.25

DOCUMENT # 727608	
1. Entity Name MAJESTIC VIEW CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 11606 NW 19 DR CORAL SPRINGS, FL 33071 US	Mailing Address P O BOX 770850 CORAL SPRINGS, FL 33077 US
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04302005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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 BROCK, JANE 11606 NW 19 DR. CORAL SPRINGS, FL 33071

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VARGO, JOE 710 COCO PLUM CIRCLE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VELINSKY, NATALIE 8800 GATEHOUSE RD #4 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLOTIN, PAT E COCO PLUM CIRCLE, #2 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, RENEE 720 COCO PLUM CIRCLE, #5 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Pat Bolden, Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____