

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-20-2003 90099 012 ****61.25

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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 770668
CORAL SPRINGS FL 33077
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

BROCK, JANE

~~P.O. BOX 770668~~ 11606 NW 19 DR
CORAL SPRINGS FL 33071

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE

Jane Brock

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-17-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** VP
NAME **VARGO, JOE** ☐ Delete
STREET ADDRESS **710 COCO PLUM CIRCLE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **TD** ☒ Delete
NAME **VELINSKY, NATALIE**
STREET ADDRESS **8300 GATEHOUSE ROAD #4**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☒ Delete
NAME **PAIGE, RICHARD**
STREET ADDRESS **750 COCO PLUM CIR**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **S** ☐ Delete
NAME **SCHWARTZ, RENEE**
STREET ADDRESS **720 COCO PLUM CIRCLE #5**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☒ Delete
NAME **BIEDINGER, FRANCES**
STREET ADDRESS **781 COCO PLUM CIRCLE # 1**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **President Joe Vargo**
STREET ADDRESS **710 Coco Plum Circle**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **TD** ☐ Change ☒ Addition
NAME **Tina Gili**
STREET ADDRESS **730 E Coco Plum Circle #3**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Secretary Pat Bolton**
STREET ADDRESS **E Coco Plum Circle #2**
CITY-ST-ZIP **Plantation, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 817, 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

TINA GILI

3-17-03

SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)