


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 20, 2006 8:00 am
Secretary of State

05-19-2006 90029 006 ****61.25

DOCUMENT # N02000000453			
1. Entity Name MAJESTIC OAKS COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 575 S WICKHAM RD WEST MELBOURNE, FL 32904		Mailing Address 575 S WICKHAM RD WEST MELBOURNE, FL 32904	
2. Principal Place of Business <i>2611-12th SQ SW</i>		3. Mailing Address <i>2611-12th SQ SW</i>	
Suite, Apt. #, etc. <i>Vero Beach FL</i>		Suite, Apt. #, etc. <i>Vero Beach FL</i>	
City & State		City & State	
Zip <i>32968</i>	Country <i>USA</i>	Zip <i>32968</i>	Country <i>USA</i>
4. FEI Number 02-0600883		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, COY A 575 S WICKHAM RD WEST MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name <i>Majestic Oaks Comm Assn</i> Street Address (P.O. Box Number is Not Acceptable) <i>2611-12th SQ SW</i> City <i>Vero Beach</i> FL Zip Code <i>32968</i>	
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 <i>Barbara A. Smith</i> <i>Barbara A. Smith</i> <i>5-1-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing) DATE</small>			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARK, COY A 575 S WICKHAM RD WEST MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Richard Houston 2554 12th SQ SW Vero Beach FL 32968 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBB, ROBERT 575 S WICKHAM RD STE 1 W MELBOURNE, FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Barbara Smith 2611 12th SQ SW Vero Beach FL 32968 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STARNES, SONJA 575 S WICKHAM RD WEST MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	currently vacant. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Barbara Smith</i> <i>Barbara Smith</i> <i>5-1-06</i> <i>772-299-0759</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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