

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000000453

1. Entity Name
MAJESTIC OAKS COMMUNITY ASSOCIATION, INC.



Principal Place of Business
2611-12TH SQ. SW
VERO BEACH, FL 32968

Mailing Address
2611-12TH SQ. SW
VERO BEACH, FL 32968



04212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0600883	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAJESTIC OAKS COMM. ASSOC.
2611-12TH SQ SW
VERO BEACH, FL 32968

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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 \$81.25
Due by May 1, 2008

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	DP TAYLOR, GLENN 1232-25TH TERRACE SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, BARBARA 2611 12TH SQ. SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HODGE, LEVONNE 1205-25TH TERRACE SW VERO BEACH, FL 32968
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 05/18/08-80033-013 70.00

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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: *Barbara A. Smith*, **BARBARA A. SMITH** *4/21/8* **772-299-0759**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #