


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90268 030 \*\*\*\*61.25

<b>DOCUMENT # N02000006046</b> 1. Entity Name <b>MAJESTIC BAY CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>2653 STICKNEY POINT RD. SARASOTA, FL 34231</b>		Mailing Address <b>2653 STICKNEY POINT RD. SARASOTA, FL 34231</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>258 GOLDEN GATE PT.</b> City & State <b>SARASOTA, FL</b> Zip <b>34236</b>		3. Mailing Address <b>C/O CMR PROPERTY MGMT. 40 SARASOTA CENTER BLVD #108A</b> Suite, Apt. #, etc. <b>#108A</b> City & State <b>SARASOTA, FL</b> Zip <b>34240</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-1924169</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VOIGT, STEPHEN F SR 2042 BEE RIDGE RD SARASOTA, FL 34239</b>		7. Name and Address of New Registered Agent Name <b>7 DONNIE P. MEHENDY</b> Street Address (P.O. Box Number is Not Acceptable) <b>40 SARASOTA CENTER BLVD</b> City <b>SARASOTA, FL</b>	
Zip Code <b>34239</b>		Zip Code <b>34240</b>	
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 <b>DONNIE P. MEHENDY</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>3/23/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT WINTERROWD, DAVID R 2653 STICKNEY POINT RD. SARASOTA, FL 34231</b>	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP VOIGT, STEPHEN F SR 2042 BEE RIDGE RD SARASOTA, FL 34239</b>	<input type="checkbox"/> Delete	P.res. <b>HENNING, BETSY 258 GOLDEN GATE PT. #301 SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS ABERCROMBIE, KELLY 4570 FALCON PLACE SARASOTA, FL 34241</b>	<input type="checkbox"/> Delete	D <b>GENIA URBONT 258 GOLDEN GATE PT. #202 SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	(Empty)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	(Empty)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	(Empty)
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: <b>L. J. L. U. J.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3-24-06</b> <small>Daytime Phone #</small>	

**50005613**



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