

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008514

FILED  
Aug 17, 2006  
Secretary of State

Entity Name: MAJORCA PALMS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5551 LUCKETT RD  
FT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

5551 LUCKETT RD  
FT MYERS, FL 33905

**New Mailing Address:**

FEI Number: 20-5390193      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CONSOER, GEORGE L  
1625 HENDRY STREET  
FT MYERS, FL 33901      US

**Name and Address of New Registered Agent:**

EDWARDS, NADIA CPA  
290 - 174TH ST  
815  
SUNNY ISLE BEACH, FL 33160 US

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.

SIGNATURE: NADIA EDWARDS, CPA

08/17/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MOYER, DONNA  
Address: 5551 LUCKETT RD  
City-St-Zip: FT MYERS, FL 33905

Title: D      ( ) Delete  
Name: LOW, NICOLE  
Address: 5551 LUCKETT RD  
City-St-Zip: FT MYERS, FL 33905

Title: D      ( ) Delete  
Name: TROJAN, CRAIG  
Address: 5551 LUCKETT RD  
City-St-Zip: FT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: KINNE, DONNA  
Address: 5551 LUCKETT RD  
City-St-Zip: FT MYERS, FL 33905

Title: D      (X) Change ( ) Addition  
Name: SUMMERS, LORI  
Address: 5551 LUCKETT RD  
City-St-Zip: FT MYERS, FL 33905

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI SUMMERS

D

08/17/2006

Electronic Signature of Signing Officer or Director

Date