
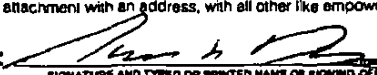


**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

01-31-2008 90021 041 \*\*\*\*61.25

<b>DOCUMENT # N07000010507</b>					
1. Entity Name <b>MAJESTIC COACH CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1970 BELCHER ROAD SOUTH LARGO, FL 33771</b>		Mailing Address <b>1970 BELCHER ROAD SOUTH LARGO, FL 33771</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>26-1398161</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
B. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARTIN, JOHN P ESQ 401 SOUTH LINCOLN AVE CLEARWATER, FL 33756</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$81.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>PTD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DENIS, ANDREW M</b>		NAME		
STREET ADDRESS	<b>1970 BELCHER ROAD SOUTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LARGO, FL 33771</b>		CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SLOSBERG, EARL M</b>		NAME		
STREET ADDRESS	<b>1970 BELCHER ROAD SOUTH</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LARGO, FL 33771</b>		CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MARTIN, JOHN P</b>		NAME		
STREET ADDRESS	<b>401 SOUTH LINCOLN AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER, FL 33756</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: <b>1-28-08</b> 727-524-3800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<b>Andrew M. Denis</b>					

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01152008 Chg-NP CR2E037 (12/06)