

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40536

1. Entity Name

MAJESTIC TOWERS COMMUNITY ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90024 016 ****61.25

Principal Place of Business

Mailing Address

510 38TH STREET
 WEST PALM BEACH FL 33407

510 38TH STREET
 WEST PALM BEACH FL 33407-4102

2. Principal Place of Business

1617 N. FLAGLER DR.

3. Mailing Address

1617 N. FLAGLER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 W. PALM BEACH, FL

City & State
 W. PALM BEACH, FL

4. FEI Number

65-0231390

Applied For

Not Applicable

Zip
 33407

Country
 USA

Zip
 33407

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CONDON, BETTY
 510 38 ST
 WPB FL 33407

7. Name and Address of New Registered Agent

Name
 BECKER & POLIAKOFF PA

Street Address (If P.O. Box number is Not Applicable)
 500 AUSTRALIAN AVE. SOUTH

~~800 900 EAST NINETH FLOOR~~

City
 W. PALM BEACH

FL

Zip
 33407

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE
 PD
 NAME
 NEASE, MARIAN
 STREET ADDRESS
 5355 TOWN CENTER ROAD, #801
 CITY-ST-ZIP
 BOCA RATON FL 33486 ☒ Delete

TITLE
 D
 NAME
 DEMPSEY, REINE
 STREET ADDRESS
 1617 N. FLAGLER DRIVE, #12A
 CITY-ST-ZIP
 WEST PALM BEACH FL 33407 ☐ Delete

TITLE
 D
 NAME
 ROTHPLETZ, ROLAND
 STREET ADDRESS
 5355 TOWN CENTER RD. #801
 CITY-ST-ZIP
 BOCA RATON FL 33486 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 PD
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.13.00

561-835-8889

CR2E037 (9/99)