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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13613 (7)

1. Corporation Name
MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2000 MAJESTIC WDS BLVD APOPKA FL 32712 US	P O BOX 916513 LONGWOOD FL 32791 US

3. Date Incorporated or Qualified: 02/27/1986

4. FEI Number: 59-2650398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

RUSSELL, TOM
2000 MAJESTIC WOODS BLVD
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	MCCONNELL, STEVE		1.2 NAME	HARVEY WILCOX	
STREET ADDRESS	2144 MAJESTIC WDS BLVD		1.3 STREET ADDRESS	812 TOWERING OAK WAY	
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	ASBELL, DOUG		2.2 NAME	BARBARA REILLY	
STREET ADDRESS	2162 MAJESTIC WOODS BLVD		2.3 STREET ADDRESS	2092 MAJESTIC WOODS BLVD.	
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	STD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	RUSSELL, TOM		3.2 NAME	TOM RUSSELL	
STREET ADDRESS	2000 MAJESTIC WDS BLVD		3.3 STREET ADDRESS	2000 MAJESTIC WOODS BLVD.	
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		☐ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME			4.2 NAME	MARY ESTES	
STREET ADDRESS			4.3 STREET ADDRESS	2131 MAJESTIC WOODS BLVD.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas A. Russell, JR. 4-13-98 (407) 297-4627