


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N13613 1. Entity Name MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 2000 MAJESTIC WDS BLVD APOPKA, FL 32712 US	Mailing Address P O BOX 916513 LONGWOOD, FL 32791 US
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06052004 No Chg-NP CR2E037 (10/03)

4. FE# Number 59-2650398	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCONNELL, STEVEN 2144 MAJESTIC WOODS APOPKA, FL 32712
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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 _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reactivating) DATE

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD MELCHICE, BILL 2012 MAJESTIC WOODS BLVD. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD SMITH, PAT 2061 MAJESTIC WOODS APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD MCCONNELL, STEVEN 2144 MAJESTIC WOODS APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD YARBOROUGH, LEE 2120 MAJESTIC WOODS APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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06/09/04-80001-015 61.25

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: *Steven McConnell* **6-10-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #