## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13613

FILED Jul 06, 2008 Secretary of State

Entity Name: MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2168 MAJESTIC WDS BLVD 2024 MAJESTIC WOODS BLVD APOPKA, FL 32712 APOPKA, FL 32712

**Current Mailing Address: New Mailing Address:** 

P O BOX 916513

LONGWOOD, FL 32791 US

FEI Number: 59-2650398 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: Name and Address of New Registered Agent:

RYALL, ROBERT JOHNSON, CLAUDE 2114 MAJESTIC WOODS 2074 MAJÉSTIC WOODS BLVD

APOPKA, FL 32712 APOPKA, FL 32712

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: CLAUDE JOHNSON 07/06/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

WISECUP, JENNIFER ERTEL, DAVID Name: Name: 2168 MAJESTIC WOODS BLVD. Address: 2024 MAJESTIC WOODS BLVD Address:

APOPKA, FL 32712 City-St-Zip: City-St-Zip: APOPKA, FL 32712

(X) Change ( ) Addition Title: VD () Delete Title: VD

Name: O'FILL, DANNY Name: BONDS, SUSAN

Address: 2138 MAJESTIC WOODS Address: 2216 MAJESTIC WOODS BLVD

City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712

Title: () Delete Title: (X) Change ( ) Addition RYALL, ROBERT JOHNSON, CLAUDE Name: Name:

2114 MAJESTIC WOODS 2074 MAJESTIC WOODS BLVD Address: Address:

City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

YARBOROUGH, LEE YARBOROUGH, LEE Name: Name:

2120 MAJESTIC WOODS Address: Address: 2120 MAJESTIC WOODS BLVD

City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify 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: CLAUDE JOHNSON TD 07/06/2008