## 2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 727608** 

Entity Name: MAJESTIC VIEW CONDOMINIUM ASSOCIATION, INC.

FILED Nov 20, 2017 Secretary of State CC4624274293

## **Current Principal Place of Business:**

% ALLIANCE PROPERTY SYSTEMS 8751 W. BROWARD BLVD. SUITE 400 PLANTATION, FL 33324

## **Current Mailing Address:**

PO BOX 19439

PLANTATION, FL 33318 US

FEI Number: 59-1544837 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

YELLIN, JONATHAN A ESQ. BACKER, ABOUD, POLIAKOFF & FOELSTER 400 S. DIXIE HIGHWAY SUITE 420 BOCA RATON, FL 33432 US

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: JONATHAN YELLIN 11/20/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 VP
 Title
 ASST. TREASURER

 Name
 BENZ, WOLFGANG
 Name
 MENZEL, FRANCES S

Address % ALLIANCE PROPERTY SYSTEMS Address % ALLIANCE PROPERTY SYSTEMS

8751 W. BROWARD BLVD. SUITE 400 8751 W. BROWARD BLVD. SUITE 400

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

TitleSECRETARYTitlePRESIDENTNameMANDEL, SUSANNamePERRY, MARIE

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City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title TREASURER Title DIRECTOR

Name VAN VALKENBURG, GREGORY Name VILLAMAR, NICOLE

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City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name TESSLER, ERIC

Address % ALLIANCE PROPERTY SYSTEMS

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I hereby 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 all other like empowered.

SIGNATURE: MARIE PERRY PRESIDENT 11/20/2017