

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727608

Entity Name: MAJESTIC VIEW CONDOMINIUM ASSOCIATION, INC.**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.
% SLUSHER, YELLIN & ROSENBLUM, PA
324 DATURA STREET SUITE 324
WEST PALM BEACH, FL 33401 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

01/17/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, PRES
Name VARGO, JOSEPH S
Address % ALLIANCE PROPERTY SYSTEMS
8751 W. BROWARD BLVD. SUITE 400
City-State-Zip: PLANTATION FL 33324

Title VP
Name BENZ, WOLFGANG
Address % ALLIANCE PROPERTY SYSTEMS
8751 W. BROWARD BLVD. SUITE 400
City-State-Zip: PLANTATION FL 33324

Title SECRETARY
Name KEFFER, EMOGENE
Address % ALLIANCE PROPERTY SYSTEMS
8751 W. BROWARD BLVD. SUITE 400
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name MANDEL, SUSAN
Address % ALLIANCE PROPERTY SYSTEMS
8751 W. BROWARD BLVD. SUITE 400
City-State-Zip: PLANTATION FL 33324

Title ASST. TREASURER
Name ROTHSTEIN, FERN H
Address % ALLIANCE PROPERTY SYSTEMS
8751 W. BROWARD BLVD. SUITE 400
City-State-Zip: PLANTATION FL 33324

Title TREASURER
Name MENZEL, FRANCES S
Address % ALLIANCE PROPERTY SYSTEMS
8751 W. BROWARD BLVD. SUITE 400
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR
Name D'ANGELO, MARK
Address % ALLIANCE PROPERTY SYSTEMS
8751 W. BROWARD BLVD. SUITE 400
City-State-Zip: PLANTATION FL 33324

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: JOSEPH VARGO

PRESIDENT

01/17/2017

Electronic Signature of Signing Officer/Director Detail

Date