Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0200000453

Entity Name: MAJESTIC OAKS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O TOTAL HOME & PROPERTY SOLUTIONS, INC. 2555 27TH AVE SUITE G-4 VERO BEACH, FL 32960

Current Mailing Address:

C/O TOTAL HOME & PROPERTY SOLUTIONS, INC. PO BOX 650429 VERO BEACH, FL 32965 US

FEI Number: 02-0600883

SIGNATURE: LISA A RULE

Name and Address of Current Registered Agent:

TOTAL HOME & PROPERTY SOLUTIONS C/O TOTAL HOME & PROPERTY SOLUTIONS, INC. 2555 27TH AVE SUITE G-4 VERO BEACH, FL 32960 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	LISA A RULE		04/30/2014
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	Ρ	Title	VP, SECRETARY
Name	NOVAK, PAT	Name	ULANOWSKI, SANNA
Address	C/O TOTAL HOME & PROPERTY SOLUTIONS, INC. 2555 27TH AVE SUITE G-4	Address	C/O TOTAL HOME & PROPERTY SOLUTIONS, INC. 2555 27TH AVE SUITE G-4
City-State-Zip:	VERO BEACH FL 32960	City-State-Zip:	VERO BEACH FL 32960
Title	TREASURER	Title	MANAGER
Name	MOTYKOWSKI, DOREEN	Name	RULE, LISA A
Address	C/O TOTAL HOME & PROPERTY SOLUTIONS, INC. 2555 27TH AVE SUITE G-4	Address	C/O TOTAL HOME & PROPERTY SOLUTIONS, INC. 2555 27TH AVE SUITE G-4
City-State-Zip:	VERO BEACH FL 32960	City-State-Zip:	VERO BEACH FL 32960

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.

REGISTERED AGENT

04/30/2014 Date

FILED Apr 30, 2014 Secretary of State CC4996785752

Certificate of Status Desired: No