

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719169** (5)

1. Corporation Name

MAJESTIC GARDENS CONDOMINIUM C ASSOCIATION, INC.



Principal Place of Business

Mailing Address

ASSOCIATION INC
4045 NW 16TH ST.
LAUDERHILL FL 33313
US

ASSOCIATION INC
4045 NW 16TH ST.
LAUDERHILL FL 33313
US

3. Date Incorporated or Qualified
08/20/1970

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-1349295

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSEN, JEFFREY
4045 NW 16TH ST.
LAUDERHILL FL 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jeffrey P. Hansen
Signature, typed or printed name of registered agent and title if applicable.

JEFFREY P. HANSEN

(NOTE: Registered Agent signature required when reinstating)

2-20-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WICKLINE, MARVIN	
STREET ADDRESS	4045 N.W. 16TH ST.	
CITY-ST-ZIP	LAUDERHILL, FL 00000	
TITLE	PRES	<input checked="" type="checkbox"/> DELETE
NAME	RINHUAS, ROBERT	
STREET ADDRESS	4045 NW 16TH ST.	
CITY-ST-ZIP	LAUDERHILL, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOUR, MONA	
STREET ADDRESS	4045 NW 16TH STREET	
CITY-ST-ZIP	LAUDERHILL, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LENIHAN, MARY	
STREET ADDRESS	4045 NW 16TH ST.	
CITY-ST-ZIP	LAUDERHILL, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WELLS, BONNIE	
STREET ADDRESS	4045 NW 16TH ST.	
CITY-ST-ZIP	LAUDERHILL, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MATTIS, HORTENSE	
STREET ADDRESS	4045 NW 16TH ST.	
CITY-ST-ZIP	LAUDERHILL, FL 00000	

1.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOEL COHEN	
1.3 STREET ADDRESS	4045 N.W. 16th ST.	
1.4 CITY-ST-ZIP	LAUDERHILL, FL 33313	
2.1 TITLE	D.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BETTY KNIGHT	
2.3 STREET ADDRESS	4045 N.W. 16th St.	
2.4 CITY-ST-ZIP	LAUDERHILL, FL 33313	
3.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BLANCHE GANGIAN	
3.3 STREET ADDRESS	4045 N.W. 16th St.	
3.4 CITY-ST-ZIP	LAUDERHILL, FL 33313	
4.1 TITLE	T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JEFFREY HANSEN	
4.3 STREET ADDRESS	3900 N.E. 36th St.	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
5.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BONNIE WELLS	
5.3 STREET ADDRESS	4045 N.W. 16th ST	
5.4 CITY-ST-ZIP	LAUDERHILL, FL 33313	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeffrey P. Hansen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96 **954-568-0735**
Date Daytime Phone #

CR2E037 (12/95)