

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719169** (5)
1. Corporation Name
MAJESTIC GARDENS CONDOMINIUM C ASSOCIATION, INC.



Principal Place of Business ASSOCIATION INC 4045 NW 16TH ST. LAUDERHILL FL 33313 US		Mailing Address ASSOCIATION INC 4045 NW 16TH ST. LAUDERHILL FL 33313 US		3. Date Incorporated or Qualified 08/20/1970	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-1349295 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	

9. Name and Address of Current Registered Agent COHEN, JOEL 4045 N.W. 16TH ST. LAUDERHILL FL 33313				10. Name and Address of New Registered Agent 81 Name FLORIDA DONALDSON 82 Street Address (P.O. Box Number is Not Acceptable) 4045 N.W. 16th St. 83 LAUDERHILL, FL. 84 City 85 Zip Code FL 33313			
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 <i>Florida Donaldson (President)</i> DATE 2-4-98 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)</small>							

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	FLORIDA DONALDSON	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	COHEN, JOEL		1.2 NAME	PRESIDENT			
STREET ADDRESS	4045 NW 16TH STREET		1.3 STREET ADDRESS	4045 N.W. 16th St			
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP	LAUDERHILL, FL 33313			
TITLE	B V/P	<input type="checkbox"/> DELETE	2.1 TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WICKLINE, MARVIN		2.2 NAME	INBZ YOUNG			
STREET ADDRESS	4045 NW 16TH ST.		2.3 STREET ADDRESS	4045 N.W. 16th St			
CITY-ST-ZIP	LAUDERHILL FL		2.4 CITY-ST-ZIP	LAUDERHILL, FL 33313			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GANGIAN, BLANCHE		3.2 NAME	WILLIE CLEMONS			
STREET ADDRESS	4045 NW 16TH STREET		3.3 STREET ADDRESS	4045 N.W. 16th St.			
CITY-ST-ZIP	LAUDERHILL FL		3.4 CITY-ST-ZIP	LAUDERHILL, FL 33313			
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LENIHAN, MARY		4.2 NAME				
STREET ADDRESS	4045 NW 16TH ST.		4.3 STREET ADDRESS				
CITY-ST-ZIP	LAUDERHILL, FL 00000		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SKALACKY, AL		5.2 NAME				
STREET ADDRESS	4045 NW 16TH ST.		5.3 STREET ADDRESS				
CITY-ST-ZIP	LAUDERHILL, FL 00000		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MASSICOTTE, GASTON		6.2 NAME				
STREET ADDRESS	4045 N.W. 16TH ST.		6.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL		6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Florida Donaldson* 954-739-2307

CR2E037 (10/97)