

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90033 003 ****66.25

DOCUMENT # 719169

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1349295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA DONALDSON
4045 N.W. 16TH ST.
LAUDERHILL FL 33313

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Florida Donaldson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FLORIDA DONALDSON	
STREET ADDRESS	4045 NW 16TH STREET	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLY, IVY	
STREET ADDRESS	4045 NW 16TH ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, MAMIE	
STREET ADDRESS	4045 NW 16TH ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASSICOTTE, GASTON	
STREET ADDRESS	4045 N.W. 16TH ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL <i>Had moved</i>	
TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete
NAME	<i>Mary L. Lomham</i>	
STREET ADDRESS	<i>4045 N.W. 16th Street # 109</i>	
CITY-ST-ZIP	<i>Lauder Hill, FL 33313</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Secretary</i>	
STREET ADDRESS	<i>Mary L. Lomham</i>	
CITY-ST-ZIP	<i>4045 N.W. 16th Street # 109</i>	
	<i>Lauder Hill, FL 33313</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Florida Donaldson President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04