

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90052 019 \*\*\*\*61.25

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 723163</b>                        |  |
| <b>1. Entity Name</b>                           |                                                                                   |
| MAJESTIC GARDENS CONDOMINIUM D ASSOCIATION, INC |                                                                                   |

|                                            |                                            |
|--------------------------------------------|--------------------------------------------|
| <b>Principal Place of Business</b>         | <b>Mailing Address</b>                     |
| 4047D N.W. 16TH ST.<br>LAUDERHILL FL 33313 | 4047D N.W. 16TH ST.<br>LAUDERHILL FL 33313 |



|                                                       |                |                           |                |
|-------------------------------------------------------|----------------|---------------------------|----------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> |                | <b>3. Mailing Address</b> |                |
| Suite, Apt. #, etc.                                   |                | Suite, Apt. #, etc.       |                |
| <b>City &amp; State</b>                               |                | <b>City &amp; State</b>   |                |
| <b>Zip</b>                                            | <b>Country</b> | <b>Zip</b>                | <b>Country</b> |

1st MOORE CR2E037 (10/06)

|                                                                   |  |                                                                                                                                                                                    |  |
|-------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>6. Name and Address of Current Registered Agent</b>            |  | <b>7. Name and Address of New Registered Agent</b>                                                                                                                                 |  |
| VONWALDBURG, JANE<br>4047 NW 16TH S, # 401<br>LAUDERHILL FL 33313 |  | <b>Name</b><br>AMARI, GEORGE L.<br><b>Street Address (P.O. Box Number is Not Acceptable)</b><br>4047 NW 16 STREET # 211<br><b>City</b> LAUDER HILL <b>FL</b> <b>Zip Code</b> 33313 |  |

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** George L. Amari GEORGE L. AMARI 2/6/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

**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                                |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10     |                                                                                                                                                    |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>AMARI, GEORGE L<br>4047 NW 16 ST # 211<br>LAUDERHILL FL 33313 <input type="checkbox"/> Delete           | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>AMARI, GEORGE L.<br>4047 NW 16 ST # 211<br>LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>COX, RAYMOND<br>4047 NW 16 ST #305<br>LAUDERHILL FL 33313 <input type="checkbox"/> Delete              | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PSD<br>VONWALBURG, JANE<br>4047 NW 16 ST #401<br>LAUDERHILL FL 33313 <input type="checkbox"/> Delete         | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>VONWALBURG, JANE<br>4047 NW 16 ST #401<br>LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>FEUER, ARTHUR<br>4047 NW 16TH ST #304<br>LAUDERHILL FL 33313 <input type="checkbox"/> Delete            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>CONNORS, VALENA<br>4047 NW 16 ST #107<br>LAUDERHILL FL 33313 <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>PAPINEAU, CLAUDE<br>4047 NW 16 ST #403<br>LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>LANGEVIN, BENOIT<br>4047 NW 16TH ST # 306<br>LAUDERHILL FL 33313 <input type="checkbox"/> Delete        | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Jane VonWaldburg JANE VON WALDBURG 2/6/07 954-777-5009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #