2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724975

FILED May 21, 2009 Secretary of State

Entity Name: MAJESTIC GARDENS CONDOMINIUM F ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4042 NW 19TH STREET F211 LAUDERHILL, FL 33313

New Mailing Address: Current Mailing Address:

C/O S FL MGMT SERVICES 4042 NW 19TH STREET 3801 N UNIVERSITY DR SUITE 310 LAUDERHILL, FL 33313 SUNRISE, FL 33351

FEI Number: 59-1514306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMPERSAD, ANTIONETTE 4042 NW 19TH STREET F-407 LAUDERHILL, FL 33313 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:

Name:

Address:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete RAMPERSAD, ANTIONETTE RAMPERSAD, ANTIONETTE Name: 4042 NW 19TH ST F211 Address: 3801 UNIVERSITY DR SUITE 310 LAUDERHILL, FL 33313 City-St-Zip: SUNRISE, FL 33351

City-St-Zip:

(X) Change () Addition Title: () Delete Title: HARRINGTON, CHARLES Name: Name: FAZIO, CHALERS

Address: 4042 NW 19TH ST F203 Address: 3801 UNIVERSITY DR SUITE 310 City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: SUNRISE, FL 33351

Title: () Delete Title: (X) Change () Addition SMITH, PAULETTE DUMAS, GEORGE Name: Name:

4042 NW 19TH ST F211 3801 UNIVERSITY DR SUITE 310 Address: Address:

City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: SUNRISE, FL 33351

(X) Change () Addition Title: () Delete Title: Name: JEAN, THERESA Name: CARLEY, RAYMOND

3801 UNIVERSITY DR SUITE 310 Address: 4042 NW 19TH STREET Address:

City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: SUNRISE, FL 33351

Title: () Delete Title: (X) Change () Addition SCOTT, FIONA FISHER, BARTON Name: Name:

3801 UNIVERSITY DR SUITE 310 4042 NW 19TH STREET Address: Address: City-St-Zip: LAUDERHILL, FL 33313 City-St-Zip: SUNRISE, FL 33351

Title: () Delete Title: (X) Change () Addition

BAKER, WINSOME MAXWELL, IRMA Name: Name: Address: 4042 NW 19TH STREET Address: 3801 UNIVERSITY DR SUITE 310

LAUDERDALE, FL 33313 City-St-Zip: SUNRISE, FL 33351 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN KOMOREK CAM 05/21/2009

Electronic Signature of Signing Officer or Director

Date