

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90023 008 ****61.25

DOCUMENT # 726139

1. Entity Name

**MAJESTIC GARDENS CONDOMINIUM H ASSOCIATION
INC**



Principal Place of Business

**MAJESTIC GARDEN CONDO H
4046 NW 19TH ST.
LAUDERHILL FL 33313**

Mailing Address

**MAJESTIC GARDEN CONDO H
4046 NW 19TH ST.
LAUDERHILL FL 33313**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1504034

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

**PRO-CONDO SPECIALISTS INC
6915 TAFT ST
HOLLYWOOD FL 33024**

Name **Q MANAGEMENT LLC**

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

4046 NW 19 STREET # 409

City **LAUDERHILL**

FL

Zip Code

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

[Signature]

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

(NOTE: Registered Agent signature required when registering)

3-14-08

DATE

**FILE NOW FEE IS \$61.25
Due By May 1, 2008**

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	YOUNG, MICHAEL	
STREET ADDRESS	4046 NW 19TH ST, UNIT 409	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, CARLOS	
STREET ADDRESS	4046 NW 19TH STREET, 210	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, CHARLENE	
STREET ADDRESS	4046 H NW 19 ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUXABLE, ALEX	
STREET ADDRESS	4046 MW 19TH ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOSBURG, ROY	
STREET ADDRESS	4046 NW 19TH ST. #402	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	TESTAGUZZA, LINDA	
STREET ADDRESS	4046 NW 19 #403	
CITY-ST-ZIP	LAUDERHILL FL 33313	

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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORENZO STUBBS	
STREET ADDRESS	4046 NW 19TH ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARL BURGESS	
STREET ADDRESS	4046 NW 19 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33313	
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		

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-08 954-600-1720

Date

Daytime Phone #