

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747756

FILED
Apr 28, 2007
Secretary of State

Entity Name: MAJESTIC OAKS HOMES ASSOCIATION, INC.

Current Principal Place of Business:

% 5371 MAJESTIC ISLAND CIRCLE
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

% 5371 MAJESTIC ISLAND CIRCLE
ST. CLOUD, FL 34771

New Mailing Address:

FEI Number: 59-2253939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZARELLI, MICHAEL A
5371 MAJESTIC ISLAND CIRCLE
ST. CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BETHKE, LINDA
Address: 5370 CROOKED OAK CIRCLE
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP () Delete
Name: WALKER, RICHARD
Address: 5366 MAJESTIC OAK CIRCLE
City-St-Zip: SAINT CLOUD, FL 34771

Title: P () Delete
Name: STANSBURY, JUDY
Address: 5367 CROOKED OAK DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: S () Delete
Name: FISHER, MICHELLE
Address: 3277 MAJESTIC OAK DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: D () Delete
Name: VOLENTINE, MIKE
Address: 3209 TALL PINE CIRCLE
City-St-Zip: SAINT CLOUD, FL 34771

Title: T () Delete
Name: MAZZARELLI, MIKE
Address: 5371 MAJESTIC ISLAND CIRCLE
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MICHAEL A MAZZARELLI

TREA

04/28/2007

Electronic Signature of Signing Officer or Director

Date