

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90111 038 ****61.25

DOCUMENT # 747756

1. Entity Name
MAJESTIC OAKS HOMES ASSOCIATION, INC.



Principal Place of Business
**2884 S OSCEOLA AVE
ORLANDO, FL 32806**

Mailing Address
**2884 S OSCEOLA AVE
ORLANDO, FL 32806**

40079986



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2253939

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FERDINANDSEN ENTERPRISES, INC.
2884 S OSCEOLA AVE
ORLANDO, FL 32806**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BETHKE, LINDA**
STREET ADDRESS **5370 CROOKED OAK CIRCLE**
CITY-ST-ZIP **SAINT CLOUD, FL 34771**

TITLE **Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **WALKER, RICHARD**
STREET ADDRESS **5366 MAJESTIC OAK CIRCLE**
CITY-ST-ZIP **SAINT CLOUD, FL 34771**

TITLE **KAREN Phillips (D)** ☐ Change ☒ Addition
NAME **3257 majestic Oak Dr.**
STREET ADDRESS **Saint Cloud, FL 34771**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **STANSBURY, JUDY**
STREET ADDRESS **5367 CROOKED OAK DRIVE**
CITY-ST-ZIP **SAINT CLOUD, FL 34771**

TITLE **---** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **FISHER, MICHELLE**
STREET ADDRESS **3277 MAJESTIC OAK DRIVE**
CITY-ST-ZIP **SAINT CLOUD, FL 34771**

TITLE **---/F D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VOLENTINE, MIKE**
STREET ADDRESS **3209 TALL PINE CIRCLE**
CITY-ST-ZIP **SAINT CLOUD, FL 34771**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **MAZZARELLI, MIKE**
STREET ADDRESS **5371 MAJESTIC ISLAND CIRCLE**
CITY-ST-ZIP **SAINT CLOUD, FL 34771**

TITLE **Connie Rivero (D)** ☐ Change ☒ Addition
NAME **3300 majestic Oak Dr.**
STREET ADDRESS **Saint Cloud, FL 34771**
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Judith L. Standbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2008
Date

(407)892-2049
Daytime Phone #