

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003168

FILED  
Jan 05, 2007  
Secretary of State

**Entity Name:** MAJESTIC SUN VACATION OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ANGE POLLETT, RESORT MANAGER  
77 SEASCAPE BLVD.  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ANGE POLLETT, RESORT MANAGER  
77 SEASCAPE BLVD.  
DESTIN, FL 32550

**New Mailing Address:**

**FEI Number:** 59-3646463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PD ( ) Delete  
Name: POWLES, JEFF  
Address: 8427 SOUTH PARK CIR, STE 500  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete  
Name: WALTERS, DAN  
Address: 8427 SOUTH PARK CIR, STE 500  
City-St-Zip: ORLANDO, FL 32819

Title: STD ( ) Delete  
Name: MUSGROVE, KEVIN  
Address: 77 SEASCAPE BLVD  
City-St-Zip: DESTIN, FL 32550

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ANDERSON, RICHARD  
Address: 824 HELTON RD.  
City-St-Zip: MARYVILLE, FL 37804

Title: D (X) Change ( ) Addition  
Name: WALTERS, DAN  
Address: 8427 SOUTH PARK CIR, STE 500  
City-St-Zip: ORLANDO, FL 32819

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

Title: VP ( ) Change (X) Addition  
Name: RICHASON, STEVEN  
Address: 5574 COLINAS VERDE DR.  
City-St-Zip: MILTON, FL 32750

Title: D ( ) Change (X) Addition  
Name: JEFF, POWLES  
Address: 5324 FAIRFIELD LAKE DR.  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGE POLLETT

RM

01/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date