

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

04-27-2007 90225 007 ****61.25

DOCUMENT # N00000004280	
1. Entity Name MAJESTIC COVE HOMEOWNERS ASSOCIATION, INC.	



Principal Place of Business 1894 ROYAL MAJESTY CT OVIEDO, FL 32765	Mailing Address P.O. BOX 621883 OVIEDO, FL 32765
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66020385



2. Principal Place of Business - No P.O. Box # 1858 Royal Majesty Ct	3. Mailing Address Suite, Apt. #, etc.
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07142007 Chg-NP CR2E037 (12/06)

City & State Oviedo FL	City & State
Zip 32765	Country USA

4. FEI Number 59-3684658	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, LAJUANA 1894 ROYAL MAJESTY CT OVIEDO, FL 32765	
7. Name and Address of New Registered Agent Name Julie Worthen Street Address (P.O. Box Number is Not Acceptable) 1858 Royal Majesty Ct City Oviedo FL Zip Code 32765	

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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	Julie Worthen	DATE 7-13-07

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'CONNOR, KEVIN 2870 ROYAL MAJESTY CT OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Julie Worthen 1858 Royal Majesty Ct Oviedo FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, KEVIN 1870 ROYAL MAJESTY CT OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President Jill McLinden 1879 Royal Majesty Ct Oviedo FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVALIERE, JENNY 1887 ROYAL MAJESTY CT OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Sec. Tres Mary Jo Wall 1866 Royal Majesty Ct Oviedo FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Julie Worthen	DATE: 7-13-07	DAYTIME PHONE: 407 366 9445
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Julie Worthen

1027

**MAJESTIC COVE
HOMEOWNERS ASSOCIATION, INC.**

P.O. BOX 620368
OVIEDO, FLORIDA 32762

ATTACHMENT B

Fifth Third Bank
OF FLORIDA

63-993/631

4/16/2007

PAY
TO THE
ORDER OF

Florida Department of State

\$ **61.25

Sixty-One and 25/100*****

DOLLARS

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500


AUTHORIZED SIGNATURE

MEMO

corp report 2007

MAJESTIC COVE

1027

Florida Department of State			4/16/2007			
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
4/16/2007	Bill		61.25	61.25		61.25
				Check Amount		61.25

1010 - Checking - 5/3 corp report 2007

61.25

MAJESTIC COVE

1027

Florida Department of State			4/16/2007			
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				Check Amount		61.25

1010 - Checking - 5/3 corp report 2007

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