

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006784

FILED
Jun 08, 2006
Secretary of State

Entity Name: THE MAJESTIC GROVES HOMEOWNERS' BEAUTIFICATION COMMITTEE, INC.

Current Principal Place of Business:

3220 SW 116TH AVE.
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

3220 SW 116TH AVE.
DAVIE, FL 33330

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD SUITE 3400
MIAMI, FL 33131 US

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: PSD () Delete
Name: STAGE, GAIL
Address: 3220 SW 116TH AVENUE
City-St-Zip: DAVIE, FL 33330

Title: VTD () Delete
Name: PASTERNAK, ANN
Address: 3220 SW 116TH AVENUE
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: COMPERATORE, ELENA
Address: 2900 SW 117TH AVENUE
City-St-Zip: DAVIE, FL 33330

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:

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: GAIL STAGE

PRES

06/08/2006

Electronic Signature of Signing Officer or Director

Date