

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

007073

03-25-2002 90079 040 \*\*\*\*61.25

**DOCUMENT # N01000002909**

1. Entity Name

**MAJESTICA CIRCLE POOL OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**39 MAJESTICA CIR  
 SEAGROVE BCH FL 32459**

**39 MAJESTICA CIR  
 SEAGROVE BCH FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*8331 Longneedle Dr*

*Montgomery, AL*

*36117*

*USA*



DO NOT WRITE IN THIS SPACE

*EIN*

4. FEI Number *59-3721906*

Applied For

*NO employees - non-profit*

Not Applicable

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

**GUERNSEY, RON  
 74 MAJESTICA CIR  
 SEAGROVE BCH FL 32459**

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHULTZ, BOB</b>	
STREET ADDRESS	<b>8331 LONGNEEDLE DR</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL 36117</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHULTZ, DEBRA</b>	
STREET ADDRESS	<b>8331 LONGNEEDLE DR</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL 36117</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SUTTON, CHARLIE</b>	
STREET ADDRESS	<b>3639 ALLENHURST DR</b>	
CITY-ST-ZIP	<b>NORCROSS GA 30092</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SUTTON, BARBARA</b>	
STREET ADDRESS	<b>3639 ALLENHURST DR</b>	
CITY-ST-ZIP	<b>NORCROSS GA 30092</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Debra Schultz* **SIGNATURE REQUIRED** *Debra Schultz*

*3/11/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)