

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