

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000002909

1. Entity Name
 MAJESTICA CIRCLE POOL OWNERS' ASSOCIATION, INC.



Principal Place of Business
 39 MAJESTICA CIR
 SEAGROVE BCH, FL 32459

Mailing Address
 8331 LONGNEEDLE DR
 MONTGOMERY, AL 36117



01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3721906 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERNSEY, RON
 74 MAJESTICA CIR
 SEAGROVE BCH, FL 32459

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, BOB 8331 LONGNEEDLE DR MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, DEBRA 8331 LONGNEEDLE DR MONTGOMERY, AL 36117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, CHARLIE 3639 ALLENHURST DR NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, BARBARA 3639 ALLENHURST DR NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/02/04-80099-003 61.25

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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, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04
 Date

Daytime Phone #