

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

**DO NOT WRITE  
 IN THIS SPACE**

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 D  
 NAME SCHULTZ, BOB  
 STREET ADDRESS 8331 LONGNEEDLE DR  
 CITY-ST-ZIP MONTGOMERY, AL 36117

TITLE D  
 NAME SCHULTZ, DEBRA  
 STREET ADDRESS 8331 LONGNEEDLE DR  
 CITY-ST-ZIP MONTGOMERY, AL 36117

TITLE D  
 NAME SUTTON, CHARLIE  
 STREET ADDRESS 3639 ALLENHURST DR  
 CITY-ST-ZIP NORCROSS, GA 30092

TITLE D  
 NAME SUTTON, BARBARA  
 STREET ADDRESS 3639 ALLENHURST DR  
 CITY-ST-ZIP NORCROSS, GA 30092

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

000000025254  
 02/02/04-80099-003 81.25

**DO NOT WRITE  
 IN THIS SPACE**

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 #