2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N01000002909

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

Current Principal Place of Business:

39 MAJESTICA CIR
SEAGROVE BCH, FL 32459

New Principal Place of Business:

39 MAJESTICA CIR
POOL
SEAGROVE BCH, FL 32459

Current Mailing Address:

8331 LONGNEEDLE DR
MONTGOMERY, AL 36117

New Mailing Address:

FEI Number: 59-3721906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

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

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: SCHULTZ, BOB
Address: 8331 LONGNEEDLE DR
City-St-Zip: MONTGOMERY, AL 36117

Title: D ( ) Delete
Name: SCHULTZ, DEBRA
Address: 8331 LONGNEEDLE DR
City-St-Zip: MONTGOMERY, AL 36117

Title: D ( ) Delete
Name: SUTTON, CHARLIE
Address: 3639 ALLENHURST DR
City-St-Zip: NORCROSS, GA 30092

Title: D ( ) Delete
Name: SUTTON, BARBARA
Address: 3639 ALLENHURST DR
City-St-Zip: NORCROSS, GA 30092

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:

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 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 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: BOB SCHULTZ PRES 06/30/2005

Electronic Signature of Signing Officer or Director Date