


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90202 007 ****61.25

DOCUMENT # N01000002909

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



Principal Place of Business Mailing Address

39 MAJESTICA CIR **8331 LONGNEEDLE DR**
SEAGROVE BCH FL 32459 **MONTGOMERY AL 36117**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3721906** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GUERNSEY, RON
74 MAJESTICA CIR
SEAGROVE BCH FL 32459

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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	_____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
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: *Bob Schultz* **SIGNATURE REDUPES** **Schultz** **1/19/03 334.277-9516**

CR2E037 (10/02)