


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
**39 MAJESTICA CIR
SEAGROVE BCH FL 32459**

Mailing Address
**8331 LONGNEEDLE DR
MONTGOMERY AL 36117**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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**

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		
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)