2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000007220

TI FILED

Mar 28, 2008

Secretary of State

Entity Name: KINGS GREENS AT MAJESTIC CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 350 HOMESTEAD ROAD LEHIGH ACRES, FL 33936 **Current Mailing Address: New Mailing Address:** 350 HOMESTEAD ROAD LEHIGH ACRES, FL 33936 FEI Number: 03-0506007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SWORDS, MICHAEL 350 HOMÉSTEAD RD LEHIGH ACRES, FL 33936 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ANDRADE, ALFREDO Name: Name: 350 HOMESTEAD ROAD Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FORTANA, JIM Name: Address: 350 HOMESTEAD ROAD Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: () Delete Title: () Change () Addition MAGNO, CARL Name: Name: Address: 350 HOMESTEAD ROAD Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: () Delete Title: Title: () Change () Addition Name: BONAGURO, FRAN Name: 350 HOMESTEAD RD Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: () Delete Title: () Change () Addition STRUNK, ROY Name: Name: 350 HOMESTEAD RD Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: () Delete Title: () Change (X) Addition CARRICK, JERE Name: Name: Address: Address: 350 HOMESTEAD RD LEHIGH ACRES, FL 33936 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL SWORDS RA 03/28/2008