2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009304

FILED May 04, 2006 Secretary of State

Entity Name: MAJESTIC OAKS PHASES 1 AND 2 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
P.O. BOX 364 EDGEWATER, FL 32132			
Current Mailing Address:		New Mailing Address:	
P.O. BOX EDGEWATER, FL 32132		P.O. BOX 364 EDGEWATER, FL 32132	
FEI Number: 20-0426554 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: Name and Address of New Registered Agent:			
HARRY, WOOD 223 OAK BRANCH DRIVE EDGEWATER, FL 32141 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:	
Title: Name: Address: City-St-Zip:	DP () Delete WOOD, HARRY 223 OAK BRANCH DRIVE EDGEWATER, FL 32141	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DT () Delete DYETT, CHRISITIE 229 TREE BRANCH DRIVE EDGEWATER, FL 32141	Title: Name: Address: City-St-Zip:	DVP (X) Change () Addition SILVA-MEDEIROS, JOHN 230 OAK BRANCH DRIVE EDGEWATER, FL 32141
Title: Name: Address: City-St-Zip:	DVP () Delete BAKAS, JOHN 310 TWO OAKS DRIVE EDGEWATER, FL 32141	Title: Name: Address: City-St-Zip:	DS (X) Change () Addition ZIEGEL, JOAN 226 TREE BRANCH LANE EDGEWATER, FL 32141
Title: Name: Address: City-St-Zip:	D (X) Delete RUGGIERI, JEFF 216 OAK BRANCH DRIVE EDGEWATER, FL 32141	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DS (X) Delete TERRY, JOHN T 212 OAK BRANCH DRIVE EDGEWATER, FL 32141	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: HARRY WOOD DP 05/04/2006