

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90035 047 ****61.25

DOCUMENT # N03000006753 1. Entity Name MAJESTIC OAKS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 610 E. MAIN STREET LEESBURG, FL 34748			Mailing Address 610 E. MAIN STREET LEESBURG, FL 34748		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0625767	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHLEIN, EDWARD M 710 YORKTOWN DR LEESBURG, FL 34748				Name Schlein, Edward M. Street Address (P.O. Box Number is Not Acceptable) 708 Newell Hill Road City Leesburg FL Zip Code 34748	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLEIN, EDWARD M 710 YORKTOWN DR LEESBURG, FL 34748	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schlein Edward M. 708 Newell Hill Road Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD ROBUCK, H.D. JR 610 E MAIN STREET LEESBURG, FL 34748		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD SCHLEIN, KAY C 710 YORKTOWN DR LEESBURG, FL 34748		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
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: By <u>Edward M. Schlein</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3-15-05 352-326-5929 Date Daytime Phone #	



03152005 Chg-NP CR2E037 (10/03)

3/23/05
#584 (D+E)