


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90053 010 ****61.25

DOCUMENT # N03000010577					
1. Entity Name THE MAJORS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103			Mailing Address 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103		
2. Principal Place of Business <i>c/o Stock Community Scs</i>			3. Mailing Address		
Suite, Apt. #, etc. <i>4980 Tamiami Trl N Ste 101</i>			Suite, Apt. #, etc.		
City & State <i>Naples FL</i>			City & State		
Zip <i>34103</i>		Country <i>USA</i>		Zip	
		Country		4. FEI Number 61-1471417	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRIDER, CRAIG D 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name <i>STOCK COMMUNITY SERVICES, LLC</i> Street Address (P.O. Box Number is Not Acceptable) <i>4501 TAMiami TRAIL NORTH, Suite #300</i> City <i>NAPLES</i> FL Zip Code <i>34103</i>		
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 <i>Sandra Houldsworth V.P.SCS</i> <i>SANDRA HOULDSWORTH</i> <i>1-13-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P TIEFENBACH, RNEE 3020 TAMiami TRAIL N, STE 300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Blaine Spivey</i>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BLACK, BRAD 4501 TAMiami TRAIL NORTH NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Sandra Houldsworth</i>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HOULDSWORTH, SANDY 4501 TAMiami TRAIL NORTH NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Valerie Schechinger</i>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Sandra Houldsworth</i> <i>HOULDSWORTH</i> <i>1-13-06</i> <i>239-261-9232</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					