



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90087 007 ****61.25

DOCUMENT # N03000010577 1. Entity Name THE MAJORS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O STOCK COMMUNITY SVCS. 4980 TAMiami TR. N, STE. 101 NAPLES, FL 34103				Mailing Address C/O STOCK COMMUNITY SVCS. 4980 TAMiami TR. N, STE. 101 NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box # C/O Sandcastle Community Mgmt Suite, Apt. #, etc. 1719 Trade Center Way #4 City & State Naples, FL Zip 34109		3. Mailing Address P.O. Box 8478 Suite, Apt. #, etc. City & State Naples, FL Zip 34101			
4. FEI Number 61-1471417		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STOCK COMMUNITY SERVICES, INC. 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: DeArmas, Eduardo c/o Street Address (P.O. Box Number is Not Acceptable) Sandcastle Community Management, Inc. 1719 Trade Center Way, #4 City: Naples FL Zip Code: 34109		
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 _____ <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, 2007		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	DP SOIVEY, BLAINE 3020 TAMiami TRAIL N, STE 300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James Oliver 9026 Shenandoah Circle Naples, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOULDSWORTH, SANDRA 4501 TAMiami TRAIL NORTH NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ronald Schlick 8908 Crooked Stick Court Naples, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHECHINGER, VALERIE 4501 TAMiami TRAIL NORTH NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasure Eric Spitzer 8945 Valhalla Court Naples, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Eric R. Spitzer</u> <u>ERIC R. SPITZER</u> <u>4/19/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					