

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010577

FILED
Jan 29, 2009
Secretary of State

Entity Name: THE MAJORS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SANDCASTLE COMMUNITY MGMT.
1719 TRADE CENTER WAY #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8478
NAPLES, FL 34101

New Mailing Address:

FEI Number: 61-1471417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEARMAS, EDUARDO
C/O SANDCASTLE COMMUNITY MGMT, INC
1719 TRADE CENTER WAY, #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: OLIVER, JAMES
Address: 9026 SHENENOLCAH CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: V () Delete
Name: SCHLICK, RONALD
Address: 8968 CROOKED STICK COURT
City-St-Zip: NAPLES, FL 34113

Title: ST () Delete
Name: SPITZER, ERIC
Address: 8945 VALHOLLA COURT
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLIVER, JAMES
Address: 9026 SHENENDOAH CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: VPD (X) Change () Addition
Name: SCHLICK, RONALD
Address: 8968 CROOKED STICK COURT
City-St-Zip: NAPLES, FL 34113

Title: STD (X) Change () Addition
Name: SPITZER, ERIC
Address: 8945 VALHALLA COURT
City-St-Zip: NAPLES, FL 34113

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: JAMES OLIVER

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date