


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000009299		
1. Entity Name MAJESTICA BEACH OWNER'S ASSOCIATION, INC.		

Principal Place of Business 74 MAJESTICA CIRCLE SANTA ROSA BEACH, FL 32459	Mailing Address 74 MAJESTICA CIRCLE SANTA ROSA BEACH, FL 32459
--	--

2. Principal Place of Business	3. Mailing Address 1143 Old Breckenridge Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MONTGOMERY, AL	City & State
Zip 36117	Country USA

6. Name and Address of Current Registered Agent GUERNSEY, RONALD 74 MAJESTICA CIRCLE SANTA ROSA BEACH, FL 32459	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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: Charles B. Stults	DATE: 12/15/2006
WITH APPROVAL OF RONALD GUERNSEY	

FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50	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	D GUERNSEY, RONALD 74 MAJESTICA CIRCLE SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sutton, Charlie 77 MAJESTICA CIRCLE SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERNSEY, MARTHA J 74 MAJESTICA CIRCLE SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allen, Steve 1205 Saxton Drive Nashville, TN 37215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, DEBRA 8331 LONGNEEDLE DRIVE MONTGOMERY, AL 36117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reeves, Roy P.O. Box 98 Moultrie, GA 31776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stults, Charles 1143 Old Breckenridge Lane MONTGOMERY, AL 36117 <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	500082830255 12/28/06--D1043--021 **245.00
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: Charles B. Stults, Treasurer	DATE: 12/15/2006 334)260-5408

FILED
06 DEC 22 AM 11:15
CLERK OF STATE
TALLAHASSEE, FLORIDA



11082006 REIN-NP CR2E099 (11/05)

4. FEI Number APPLIED FOR 20-4417729	Applied For Not Applicable
---	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------