

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 A
Secretary of State

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

**1143 OLD BRECKENRIDGE LANE
MONTGOMERY, AL 36117**



02042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4417729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUERNSEY, RONALD
74 MAJESTICA CIRCLE
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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 *for Ron Guernsey*

Feb. 12, 2007

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SUTTON, CHARLIE**
STREET ADDRESS **77 MAJESTICA CIRCLE**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **D**
NAME **ALLEN, STEVE**
STREET ADDRESS **1205 SAXTON DRIVE**
CITY-ST-ZIP **NASHVILLE, TN 37215**

TITLE **D**
NAME **REEVES, ROY**
STREET ADDRESS **P.O. BOX 98**
CITY-ST-ZIP **MOULTRIE, GA 31776**

TITLE **D**
NAME **STULTS, CHARLES**
STREET ADDRESS **1143 OLD BRECKENRIDGE LANE**
CITY-ST-ZIP **MONTGOMERY, AL 36117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000636344
02/26/07-80013-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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

2-12-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #