

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
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**



01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-4417729

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

2/11/2008

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000826850
02/21/08-80062-023 61.25

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, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/08

DATE

334/260-5408

Daytime Phone #