

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009299

FILED
Mar 14, 2009
Secretary of State

Entity Name: MAJESTICA BEACH OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

74 MAJESTICA CIRCLE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

1143 OLD BRECKENRIDGE LANE
MONTGOMERY, AL 36117

New Mailing Address:

FEI Number: 20-4417729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: CHARLES B. STULTS, FOR RONALD GUERNSEY

03/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUTTON, CHARLIE
Address: 77 MAJESTICA CIRCLE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: ALLEN, STEVE
Address: 1205 SAXTON DRIVE
City-St-Zip: NASHVILLE, TN 37215

Title: D () Delete
Name: REEVES, ROY
Address: P.O. BOX 98
City-St-Zip: MOULTRIE, GA 31776

Title: D () Delete
Name: STULTS, CHARLES
Address: 1143 OLD BRECKENRIDGE LANE
City-St-Zip: MONTGOMERY, AL 36117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WATLING, JIM
Address: 46 MAJESTICA CIRCLE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VICE (X) Change () Addition
Name: SCHULTZ, ROBERT
Address: 8331 LONGNEEDLE DRIVE
City-St-Zip: MONTGOMERY, AL 36117

Title: SEC (X) Change () Addition
Name: REEVES, ROY
Address: P.O. BOX 98
City-St-Zip: MOULTRIE, GA 31776

Title: TREA (X) Change () Addition
Name: STULTS, CHARLES
Address: 1143 OLD BRECKENRIDGE LANE
City-St-Zip: MONTGOMERY, AL 36117

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: CHARLES B. STULTS

TREA

03/14/2009

Electronic Signature of Signing Officer or Director

Date