

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N04628 (6)
1. Corporation Name
MAJORCA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P16987020 P O BOX 373035 SATELLITE BEACH FL 32937-8035	Mailing Address P16987020 P O BOX 373035 SATELLITE BEACH FL 32937-1035
--	--

3. Date Incorporated or Qualified 08/09/1984	3a. Date of Last Report 02/27/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2872609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEBSTER, GEORGE
530 MAJORCA COURT
SATELLITE BCH FL 32937**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	MANDICK, WALTER
STREET ADDRESS	555 MAJORCA CT
CITY-ST-ZIP	SATELLITE BCH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	WEBSTER, GEORGE
STREET ADDRESS	530 MAJORCA CT
CITY-ST-ZIP	SATELLITE BCH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	HESS, HARRIET
STREET ADDRESS	548 MAJORCA COURT
CITY-ST-ZIP	SATELLITE BCH. FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Defiore, John
1.3 STREET ADDRESS	516 Majorca Ct
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hess, William
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Miller, William
4.3 STREET ADDRESS	536 Majorca Ct, Satellite Bch FL
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Lenore Roccesano
5.3 STREET ADDRESS	534 Majorca Ct
5.4 CITY-ST-ZIP	Satellite Bch, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Webster **GEORGE WEBSTER** 14 MAR 97 407-777-3124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019658

CR2E037 (9/96)