


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04628 (6)**  
 1. Corporation Name  
**MAJORCA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
P16987020 P O BOX 373035 SATELLITE BEACH FL 32937-8035		P16987020 P O BOX 373035 SATELLITE BEACH FL 32937-8035	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified  
**08/09/1984**

4. FEI Number  
**59-2872609**

Applied For	
Not Applicable	

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  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	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFIORE JOHN	1.2 NAME	
STREET ADDRESS	518 MAJORCA CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBSTER, GEORGE	2.2 NAME	
STREET ADDRESS	530 MAJORCA CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS WILLIAM	3.2 NAME	
STREET ADDRESS	548 MAJORCA COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER WILLIAM	4.2 NAME	Carole Smith
STREET ADDRESS	536 MAJORCA CTT	4.3 STREET ADDRESS	552 Majorca Court
CITY-ST-ZIP	SATELLITE BCH FL	4.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENORE ROCCESANO	5.2 NAME	Joanne Regan
STREET ADDRESS	534 MAJORCA CT	5.3 STREET ADDRESS	546 Majorca Court
CITY-ST-ZIP	SATELLITE BCH FL	5.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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** 9 April 98 407-777-3124

CF2E037 (10/97)