

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90069 037 \*\*\*\*70.00

**DOCUMENT # N04628**

1. Entity 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 32937-1035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2872609**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **DEFIORE JOHN**  
 STREET ADDRESS **516 MAJORCA CT**  
 CITY-ST-ZIP **SATELLITE BCH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **WEBSTER, GEORGE**  
 STREET ADDRESS **530 MAJORCA CT**  
 CITY-ST-ZIP **SATELLITE BCH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **KALINYAK, ROBERT**  
 STREET ADDRESS **522 MAJORCA CT.**  
 CITY-ST-ZIP **SATELLITE BCH. FL 32937**

TITLE **VD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **SMITH, CAROLE**  
 STREET ADDRESS **552 MAJORCA CT**  
 CITY-ST-ZIP **SATELLITE BCH FL 32937**

TITLE  Change  Addition  
 NAME **Kwitkowski, James**  
 STREET ADDRESS **518 Majorca CT**  
 CITY-ST-ZIP **Satellite Bch FL 32937**

TITLE **SD**  Delete  
 NAME **REGAN, JOANNE**  
 STREET ADDRESS **546 MAJORCA COURT**  
 CITY-ST-ZIP **SATELLITE BCH FL 32937**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:**

*George Webster*  
**George Webster**

**10 March 2000**

**321-777-3124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)