

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04628

FILED
Mar 23, 2008
Secretary of State

Entity Name: MAJORCA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P16987020
P O BOX 373035
SATELLITE BEACH, FL 329378035

New Principal Place of Business:

P16987020
548 MAJORCA COURT
SATELLITE BEACH, FL 32937

Current Mailing Address:

P16987020
P O BOX 373035
SATELLITE BEACH, FL 329378035

New Mailing Address:

FEI Number: 59-2872609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAJJAR, JEAN
535 MAJORCA CT
SATELLITE BCH, FL 32937 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KEENEY, WILLIAM
Address: 548 MAJORCA CT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD () Delete
Name: DEFIORE, JOHN
Address: 516 MAJORCA CT
City-St-Zip: SATELLITE BCH., FL 32937

Title: PD () Delete
Name: KWITKOWSKI, JAMES
Address: 518 MAJORCA COURT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: SMITH, TIMOTHY
Address: 529 MAJORCA CT.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VD () Delete
Name: HATFIELD, DONALD
Address: 500 MAJOREA COURT
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ROBERTS, EDWARD
Address: 504 MAJOREA COURT
City-St-Zip: SATELLITE BEACH, FL 32937

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: WILLIAM E. KEENEY

TD

03/23/2008

Electronic Signature of Signing Officer or Director

_____ Date