


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90209 018 ****70.00

DOCUMENT # N04628

1. Entity Name
MAJORCA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

P16987020 **P16987020**
P O BOX 373035 **P O BOX 373035**
SATELLITE BEACH FL 32937-8035 **SATELLITE BEACH FL 32937-8035**

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RUDOLPH, ROB
558 MAJORCA COURT
SATELLITE BCH FL 32937

7. Name and Address of New Registered Agent

Name
Steven Kellner

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

City State Zip Code
Satellite Beach **FL** **32937**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **14 APRIL 2003**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	WEBSTER, GEORGE	
STREET ADDRESS	530 MAJORCA CT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KALINYAK, ROBERT	
STREET ADDRESS	522 MAJORCA CT	
CITY-ST-ZIP	SATELLITE BCH. FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	KWITKOWSKI, JAMES	
STREET ADDRESS	518 MAJORCA CT	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REGAN, JOANNE	
STREET ADDRESS	546 MAJORCA COURT	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RUDOLPH, ROB	
STREET ADDRESS	558 MAJORCA COURT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kellner, Steven	
STREET ADDRESS	552 Majorca Court	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Najjar, Jean	
STREET ADDRESS	535 Majorca Court	
CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** **4/4/2003 321-777-3124**

CR2E037 (10/02)