


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002189 1. Entity Name MAJESTIC BAY CONDOMINIUM ASSOCIATION OF BREVARD, INC.	
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Principal Place of Business 161 MAJESTIC BAY AVENUE CAPE CANAVERAL, FL 32920	Mailing Address 161 MAJESTIC BAY AVENUE CAPE CANAVERAL, FL 32920
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 25-1912029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOSLEY, CURTIS R ESQ. 1221 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, DAN 122 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, KEN 122 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREEN, WARREN 122 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/17/07-80048-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  PRK3	4-26-07	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			