

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002189

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** MAJESTIC BAY CONDOMINIUM ASSOCIATION OF BREVARD, INC.

**Current Principal Place of Business:**

161 MAJESTIC BAY AVENUE  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

161 MAJESTIC BAY AVENUE  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 25-1912029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOSLEY, CURTIS R ESQ.  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901 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: PD ( ) Delete  
Name: GREEN, DAN  
Address: 122 TOMAHAWK DRIVE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: VD ( ) Delete  
Name: BILDER, DENISE  
Address: 469 ANGELO LANE  
City-St-Zip: COCOA BEACH, FL 32931

Title: STD ( ) Delete  
Name: SHELAR, FREDERICK  
Address: 4557 FORESTVIEW DR  
City-St-Zip: TOLEDO, OH 43615

**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:

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:** DAN GREEN

PD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date