

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

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

DOCUMENT # N05000002190

1. Entity Name
**MAJESTIC BAY TOWNHOMES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**101-137 MAJESTIC BAY AVENUE
CAPE CANAVERAL, FL 32920**

Mailing Address
**101-137 MAJESTIC BAY AVENUE
CAPE CANAVERAL, FL 32920**



04242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1912024	Applied For 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**

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 ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GREEN, DAN
STREET ADDRESS 122 TOMAHAWK DRIVE
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937

TITLE VD
NAME SCOTT, KEN
STREET ADDRESS 122 TOMAHAWK DRIVE
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937

TITLE STD
NAME GREEN, WARREN
STREET ADDRESS 122 TOMAHAWK DRIVE
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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05/17/07-80044-019 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #