

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90087 016 ****61.25

DOCUMENT # N05000003189

1. Entity Name
MAJESTIC OAKS CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business
**1018 THOMASVILLE RD STE 200
TALLAHASSEE, FL 32303**

Mailing Address
**1018 THOMASVILLE RD STE 200
TALLAHASSEE, FL 32303**

50013361

2. Principal Place of Business
3100 DIAN RD
Suite, Apt. #, etc.

3. Mailing Address
7113 Beech Ridge TRAIL
Suite, Apt. #, etc. **Suite 1**

04142006 Chg-NP CR2E037 (11/05)

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number
20-3157844

Applied For
Not Applicable

Zip
32304 Country
USA

Zip
32304 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EL WELL, HARRY M
1018 THOMASVILLE RD STE 200
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent
Name **EDDY, MARIE**
Street Address (P.O. Box Number is Not Acceptable)
7113 Beech Ridge TRAIL, Ste 1
City **TALLAHASSEE** FL Zip Code **32312**

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 **[Signature]**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/14/06
DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DAWS, STEPHEN C P.O. BOX 13677 TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EL WELL, HARRY M 1018 THOMASVILLE RD STE 200 TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ROBERTS, STEVE P.O. BOX 13677 TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 894-1919
Date Daytime Phone #