

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90046 007 \*\*\*\*61.25

<b>DOCUMENT # N05000003189</b>					
<b>1. Entity Name</b> MAJESTIC OAKS CONDOMINIUMS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3100 DIAN RD TALLAHASSEE, FL 32304			<b>Mailing Address</b> 7113 BEECH RIDGE TRL STE 1 TALLAHASSEE, FL 32312		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 1607 Village Sp. Blvd Suite 8 TALLAHASSEE, FL 32309			
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b> Suite 8			
<b>City &amp; State</b>		<b>City &amp; State</b> TALLAHASSEE, FL			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>4. FEI Number</b> 20-3157844	
32309	USA	32309	USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
EDDY, MARIE 7113 BEECH RIDGE TRL, STE 1 TALLAHASSEE, FL 32312			Name: EDDY, MARIE Street Address (P.O. Box Number is Not Acceptable): 1607 Village Sp. Blvd, Suite 8 City: TALLAHASSEE FL Zip Code: 32309		
<b>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.</b>					
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 2/1/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> DP <b>NAME</b> DAWNS, STEPHEN C <b>STREET ADDRESS</b> P.O. BOX 13677 <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> DS <b>NAME</b> EL WELL, HARRY M <b>STREET ADDRESS</b> 1018 THOMASVILLE RD STE 200 <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> DVT <b>NAME</b> ROBERTS, STEVE <b>STREET ADDRESS</b> P.O. BOX 13677 <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

40017170



02012008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
 Name: EDDY, MARIE  
 Street Address (P.O. Box Number is Not Acceptable):  
 1607 Village Sp. Blvd, Suite 8  
 City: TALLAHASSEE FL Zip Code: 32309

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: 2/1/08

Filing Fee is \$61.25 Due by May 1, 2008  
 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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
<b>TITLE</b> DP <b>NAME</b> DAWNS, STEPHEN C <b>STREET ADDRESS</b> P.O. BOX 13677 <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> DS <b>NAME</b> EL WELL, HARRY M <b>STREET ADDRESS</b> 1018 THOMASVILLE RD STE 200 <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> DVT <b>NAME</b> ROBERTS, STEVE <b>STREET ADDRESS</b> P.O. BOX 13677 <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete

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:   
 Date: 2/1/08 850-894-1919  
 Daytime Phone #