

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003774

FILED
Feb 13, 2009
Secretary of State

Entity Name: MAJESTIC BEACH RESORT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

10901 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

11212 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407

New Mailing Address:

FEI Number: 20-3147315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407 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: LEWIS, JAMES H
Address: 2140 ELEVENTH AVE SOUTH - STE 405
City-St-Zip: BIRMINGHAM, AL 35205

Title: S () Delete
Name: CIANO, DEBRA J
Address: P.O. BOX 27
City-St-Zip: GULF BREEZE, FL 32562

Title: VPD () Delete
Name: MILLER, ROY N
Address: 7331 LAKE WALTON BLVD
City-St-Zip: COVINGTON, GA 30014

Title: T () Delete
Name: MAGDIC, ANNE E
Address: P.O. BOX 876
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: D () Delete
Name: BAKER, GARY
Address: 112 HOLLAND DR
City-St-Zip: SHEFFIELD, AL 35660

Title: D () Delete
Name: BOYD, GREG
Address: 1900 TEE DR
City-St-Zip: BRASELTON, GA 30517

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HICKEY, ED
Address: P O BOX 9132
City-St-Zip: PANAMA CITY BEACH, FL 32417

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: JAMES H. LEWIS

PD

02/13/2009

Electronic Signature of Signing Officer or Director

Date