

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90067 001 \*\*\*\*61.25

**DOCUMENT # N05000011710**

1. Entity Name  
**MAJESTIC PALMS MASTER ASSOCIATION, INC.**



Principal Place of Business  
**C/O INTEGRATED PROPERTY MGMT.  
3435 10TH STREET N. #201  
NAPLES, FL 34103 US**

Mailing Address  
**C/O INTEGRATED PROPERTY MGMT.  
3435 10TH STREET N. #201  
NAPLES, FL 34103 US**

401040



2. Principal Place of Business - No P.O. Box #  
**c/o Pulte Home Corporation**

3. Mailing Address  
**c/o Pulte Home Corporation**

Suite, Apt. #, etc.

**9240 Estero Park Commons Blvd.**

Suite, Apt. #, etc.

**9240 Estero Park Commons Blvd.**

City & State  
**Estero, FL**

City & State  
**Estero, FL**

Zip  
**33928**

Country

Zip  
**33928**

Country

04132007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**STACKHOUSE, EDWIN D  
C/O PULTE HOME CORPORATION  
9148 BONITA BEACH ROAD, SUITE 102  
BONITA SPRINGS, FL 34135**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**9240 Estero Park Commons Blvd.**

City

**Estero, FL**

**FL**

Zip Code

**33928**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 PD ☐ Delete  
NAME **STACKHOUSE, EDWIN D**  
STREET ADDRESS **C/O 9148 BONITA BEACH RD., SUITE 102**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE VD ☐ Delete  
NAME **MEEKS, W. MICHAEL**  
STREET ADDRESS **C/O 9148 BONITA BEACH RD., SUITE 102**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE STD ☐ Delete  
NAME **RAY, LAURA**  
STREET ADDRESS **C/O 9148 BONITA BEACH RD., SUITE 102**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☐ Addition  
NAME **Stackhouse, Edwin D**  
STREET ADDRESS **% Pulte Home-9240 Estero Park Com. Blvd.**  
CITY-ST-ZIP **Estero, FL 33928**

TITLE DV ☐ Change ☐ Addition  
NAME **Meeks, Michael**  
STREET ADDRESS **% Pulte Home-9240 Estero Park Com. Blvd.**  
CITY-ST-ZIP **Estero, FL 33928**

TITLE DST ☐ Change ☐ Addition  
NAME **Ray, Laura**  
STREET ADDRESS **% Pulte Home-9240 Estero Park Com. Blvd.**  
CITY-ST-ZIP **Estero, FL 33928**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 information.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**EDWIN D. STACKHOUSE**

4-10-07

239-495-4829