

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90028 010 \*\*\*\*61.25

<b>DOCUMENT # N05000011710</b> 1. Entity Name <b>MAJESTIC PALMS MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PULTE HOME CORP.          9240 ESTERO PARK COMMONS BLVD.          ESTERO, FL 33928 US</b>			Mailing Address <b>C/O PULTE HOME CORP.          9240 ESTERO PARK COMMONS BLVD.          ESTERO, FL 33928 US</b>		
2. Principal Place of Business - No P.O. Box # <b>C/O Intergrated Property Mgmt.</b>		3. Mailing Address <b>C/O Intergrated Property Mgmt.</b>			
Suite, Apt. #, etc. <b>3435 10th Street N. #201</b>		Suite, Apt. #, etc. <b>3435 10th Street N. #201</b>		02292008    Chg-NP    CR2E037 (12/06)	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>120-5171534</b>	
Zip <b>34103</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STACKHOUSE, EDWIN D          C/O PULTE HOME CORPORATION          9148 BONITA BEACH ROAD, SUITE 102          BONITA SPRINGS, FL 34135</b>			7. Name and Address of New Registered Agent  Name <b>C/O Intergrated Property Mgmt.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3435 10th Street N. #201</b> City <b>Naples, FL 34103</b> State <b>FL</b> Zip Code		
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 <i>J. Murphy</i> <i>J. Murphy</i> <i>3/20/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)    DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STACKHOUSE, EDWIN D 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Brooks, Scott <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9240 Estero Park Commons Blvd. Estero, FL 32928		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MEEKS, W. MICHAEL 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV McCormick, Richard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9240 Estero Park Commons Blvd. Estero, FL 32928		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RAY, LAURA <input type="checkbox"/> Delete 9240 ESTERO PARK COMMONS BLVD. ESTERO, FL 33928	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST Ray, Laura <input type="checkbox"/> Change <input type="checkbox"/> Addition 9240 Estero Park Commons Blvd. Estero, FL 32928		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>Laura A. Ray</i> <i>3/22/08</i> <i>239-495-4802</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					