2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N05000011710

Entity Name: MAJESTIC PALMS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTERGRATED PROPERTY MANAGEMENT
3435 10TH STREET N #201
NAPLES, FL 34103 US

New Principal Place of Business:

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET N #201
NAPLES, FL 34103 US

Current Mailing Address:

C/O INTERGRATED PROPERTY MANAGEMENT
3435 10TH STREET N #201
NAPLES, FL 34103 US

New Mailing Address:

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET N #201
NAPLES, FL 34103 US

FEI Number: 20-5171534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STACKHOUSE, EDWIN D
C/O INTERGRATED PROPERTY MANAGEMENT
3135 10TH STREET N #201
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

STACKHOUSE, EDWIN D
C/O INTEGRATED PROPERTY MANAGEMENT
3135 10TH STREET N #201
NAPLES, FL 34103 US

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: VIKKI BLANK 01/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BROOKS, SCOTT
Address: 9240 ESTERO PARK COMMONS BLVD
City-St-Zip: ESTERO, FL 33928

Title: DV ( ) Delete
Name: MCCORMICK, RICHARD
Address: 9240 ESTERO PARK COMMONS BLVD.
City-St-Zip: ESTERO, FL 33928

Title: DST ( ) Delete
Name: RAY, LAURA
Address: 9240 ESTERO PARK COMMONS BLVD.
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SCOTT BROOKS DP 01/29/2009
Electronic Signature of Signing Officer or Director Date