

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002122

FILED  
Apr 14, 2012  
Secretary of State

**Entity Name:** MAJORCA ISLES I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10081 PINES BLVD  
SUITE # E-1  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

10081 PINES BLVD  
SUITE # E-1  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number:** 56-2568626      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAW OFFICES OF MARLON E. BRYAN, P.A.  
5701 SHERIDAN STREET  
HOLLYWOOD, FL 33021 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:** PRES  
**Name:** SANON, JASON  
**Address:** 10081 PINES BLVD SUITE E-1  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US

**Title:** VP  
**Name:** AUGUSTIN, JEAN D  
**Address:** 10081 PINES BLVD SUITE E-1  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US

**Title:** S/T  
**Name:** CORNET, YVONNE  
**Address:** 10081 PINES BLVD SUITE E-1  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US

I hereby 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 all other like empowered.

SIGNATURE: JASON SANON

P

04/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date