2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# N06000007707

Entity Name: MAJESTIC OAKS CONDOMINIUM ASSOCIATION OF FT. PIERCE, INC.

Current Principal Place of Business:

10105 WILD QUAIL DRIVE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

10105 WILD QUAIL DRIVE
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIPODI, MAX
10105 WILD QUAIL DRIVE
PORT ST. LUCIE, FL 34986 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: TRIPODI, MAX
Address: 10105 WILD QUAIL DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD ( ) Delete
Name: ALTRO, STEVE
Address: 9999 COLLINS AVE
City-St-Zip: MIAMI, FL 33154

Title: TD ( ) Delete
Name: MARS, DAVID
Address: 10101 COLLINS AVE #18F
City-St-Zip: BAL HARBOUR, FL 33154

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 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: MAX TRIPODI PD 04/17/2007

Electronic Signature of Signing Officer or Director — Date