

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007707

FILED  
Apr 27, 2008  
Secretary of State

**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:**

7103 MAIDSTONE DRIVE  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

10105 WILD QUAIL DRIVE  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

7103 MAIDSTONE DRIVE  
PORT ST. LUCIE, FL 34986

**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:**

TRIPODI, MAX  
7103 MAIDSTONE DRIVE  
PORT ST. LUCIE, FL 34986 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:

04/27/2008

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: PD (X) Change ( ) Addition  
Name: TRIPODI, MAX  
Address: 7103 MAIDSTONE DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: STEVE ALTRO

SD

04/27/2008

Electronic Signature of Signing Officer or Director

Date