2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007707

FILED Apr 17, 2009 Secretary of State

| Entity Nan | ne: MAJESTIC OAKS CONDOMINIUM / | ASSOCIATION OF FT. PIERCE, INC. | | |
|---|--|---|--|--|
| Current Principal Place of Business: | | New Principal Place o | of Business: | |
| | STONE DRIVE LUCIE, FL 34986 | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| | STONE DRIVE 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: | | :: Name and Address of | Name and Address of New Registered Agent: | |
| | MAX STONE DRIVE LUCIE, FL 34986 US | | | |
| The above in the State | named entity submits this statement for t of Florida. | he purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | |
| | Electronic Signature of Registered | Agent | Date | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () Delete TRIPODI, MAX 7103 MAIDSTONE DRIVE PORT ST. LUCIE, FL 34986 | Title: (Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | SD () Delete ALTRO, STEVE 9999 COLLINS AVE MIAMI, FL 33154 | Title: (Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: City-St-Zip: | TD () Delete MARS, DAVID 10101 COLLINS AVE #18F BAL HARBOUR, FL 33154 | Title: (Name: Address: City-St-Zip: | ()Change ()Addition | |

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: MAX TRIPODI PD 04/17/2009