## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000001164

FILED Feb 26, 2009 Secretary of State

Entity Name: THE MAJESTIC CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4767 NEW BROAD ST. ORLANDO, FL 32814 **Current Mailing Address: New Mailing Address:** 9601 WILSHIRE BLVD SUITE 260 BEVERLY HILLS, CA 90210 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROCKMAN, CHRISTOPHER C NOVICK, WILLIAM E 200 S. ORANGE AVE., SUITE 2600 4840 NEW BROAD STREET ORLANDO, FL 32801 ORLANDO, FL 32814 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: WILLIAM E. NOVICK 02/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LIEBERMAN, JASON Name: Name: 9601 WILSHIRE BLVD., SUITE 260 Address: Address: City-St-Zip: BEVERLY HILLS, CA 90210 City-St-Zip: Title: () Delete Title: () Change () Addition TABACH-BANK, JORDAN Name: Name: Address: 9601 WILSHIRE BLVD., SUITE 260 Address: City-St-Zip: BEVERLY HILLS, CA 90210 City-St-Zip: Title: () Delete Title: () Change () Addition TABACH-BANK, BRAD Name: Name: 9601 WILSHIRE BLVD., SUITE 260 Address: Address: City-St-Zip: BEVERLY HILLS, CA 90210 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: SOUSSAN, DAN Name: 9601 WILSHIRE BLVD., SUITE 260 Address: Address: City-St-Zip: BEVERLY HILLS, CA 90210 City-St-Zip: Title: Title: **VDS** ( ) Delete () Change () Addition LIEBERMAN, JASON Name: Name: 9601 WILSHIRE BLVD., SUITE 260 Address: Address: City-St-Zip: BEVERLY HILLS, CA 90210 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: JASON LIEBERMAN DIR 02/26/2009