

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90138 011 ****61.25

DOCUMENT # N10313 1. Entity Name MAJESTIC OAKS HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.					
Principal Place of Business 5146 GRANDVIEW COURT TALLAHASSEE, FL 32303-6841			Mailing Address 5146 GRANDVIEW COURT TALLAHASSEE, FL 32303-6841		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5033 Heathstone CT Suite, Apt. #, etc.			
City & State		City & State Tallahassee, FL		4. FEI Number 59-2878414	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32303		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PELHAM, RICHARD L. 3045 TOWER COURT TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELHAM, RICHARD L. 3045 TOWER COURT TALLAHASSEE, FL 32303 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERBERT, ROB 5170 GRANDVIEW COURT TALLAHASSEE, FL 32303 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steven Grable 4998 FLAGSTONE CT Tallahassee, FL 32303 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNN, TOM 5146 GRANDVIEW COURT TALLAHASSEE, FL 323036841 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Sharmir Leonard 5035 FLAGSTONE CT Tallahassee, FL 32303 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITA HERBERT 5170 GRANDVIEW COURT TALLAHASSEE, FL 32303 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Bill Strauss 5033 Heathstone CT Tallahassee, FL 32303 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TERESA DUNN 5170 GRANDVIEW COURT TALLAHASSEE, FL 32303 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Susan Frisbie 5145 Grandview CT Tallahassee, FL 32303 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCMULLIAN, DEBBIE 5040 HEARTHSTONE COURT TALLAHASSEE, FL 32303 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Bill STRAUSS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 7-23-05		Daytime Phone # 850-556-7824