

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10: 09

DOCUMENT # N13613 (7)
1. Corporation Name
MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
2215 MAJESTIC WDS BLVS APOPKA FL 32712 US
2215 MAJESTIC WDS BLVD APOPKA FL 32712 US

2. Principal Place of Business 2a. Mailing Address
21 2168 Majestic Wds. Blvd Suite, Apt. #, etc. 26 P.O. Box 916513 Suite, Apt. #, etc.
22 Apopka FL 27 Longwood FL
24 32712 25 USA 28 32791 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/27/1986 3a. Date of Last Report 04/18/1994
4. FEI Number 59-2650398 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
NELSON, DIANE
2215 MAJESTIC WOODS BLVD
APOPKA FL 32712

10. Name and Address of New Registered Agent
81 Name Susan Slaman
82 Street Address (P.O. Box Number is Not Acceptable) 2168 Majestic Wds. Blvd.
83
84 City Apopka FL 85 Zip Code 32712

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: *Susan Slaman* Susan Slaman April 10, 1995
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUH, MKE
STREET ADDRESS	2080 MAJESTIC WDS BLVS
CITY-ST-ZIP	APOPKA FL
TITLE	VP
NAME	ERTEL, BETSY
STREET ADDRESS	2024 MAJESTIC WDS BLVD
CITY-ST-ZIP	APOPKA FL
TITLE	S
NAME	NELSON, DIANE
STREET ADDRESS	2215 MAJESTIC WDS BLVD
CITY-ST-ZIP	APOPKA FL
TITLE	T
NAME	GIBBS, DAVE
STREET ADDRESS	NOVA RD
CITY-ST-ZIP	APOPKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Dave Strickland	
13 STREET ADDRESS	2203 Majestic Wds. Blvd.	
14 CITY-ST-ZIP	Apopka FL 32712	
21 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Mike Duh	
23 STREET ADDRESS	2080 Majestic Wds. Blvd.	
24 CITY-ST-ZIP	Apopka FL 32712	
31 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Betsy Ertel	
33 STREET ADDRESS	2024 Majestic Wds. Blvd.	
34 CITY-ST-ZIP	Apopka FL 32712	
41 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Susan Slaman	
43 STREET ADDRESS	2168 Majestic Wds. Blvd.	
44 CITY-ST-ZIP	Apopka FL 32712	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Susan Slaman* Susan Slaman April 10, 1995 407-886-8939
(NOTE: Registered Agent signature required when reinstating)