

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N13613 (7)

1. Corporation Name

MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**2168 MAJESTIC WDS BLVD
APOPKA FL 32712
US**

Mailing Address

**P O BOX 916513
LONGWOOD FL 32791
US**

3. Date Incorporated or Qualified
02/27/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2209 MAJESTIC WDS BL

26 P.O. BOX 916513

4. FEI Number
59-2650398

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 APOPKA, FL

28 LONGWOOD, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32712

25 USA

29 32791

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLAMAN, SUSAN
2168 MAJESTIC WDS BLVD
APOPKA FL 32712**

81 Name **ALICE CAPIK**

82 Street Address (P.O. Box Number is Not Acceptable)
2209 MAJESTIC WDS BL

83

84 City **APOPKA**

FL

85 Zip Code
32712

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Alice Capik

ALICE CAPIK

4/16/96

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **STRICKLAND, DAVE**
STREET ADDRESS **2203 MAJESTIC WDS BLVD**
CITY-ST-ZIP **APOPKA FL**

TITLE **VPD** ☒ DELETE
NAME **DUH, MIKE**
STREET ADDRESS **2080 MAJESTIC WDS BLVD**
CITY-ST-ZIP **APOPKA FL**

TITLE **SD** ☒ DELETE
NAME **ERTEL, BETSY**
STREET ADDRESS **2024 MAJESTIC WDS BLVD**
CITY-ST-ZIP **APOPKA FL**

TITLE **TD** ☒ DELETE
NAME **SLAMAN, SUSAN**
STREET ADDRESS **2168 MAJESTIC WDS BLVD**
CITY-ST-ZIP **APOPKA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **JOYCE RAE BURCHAM**
1.3 STREET ADDRESS **806 TOWERING OAK WAY**
1.4 CITY-ST-ZIP **APOPKA, FL 32712**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **BRIAN LEMAY**
2.3 STREET ADDRESS **2137 MAJESTIC WDS. BL**
2.4 CITY-ST-ZIP **APOPKA, FL 32712**

3.1 TITLE **SEC/TREAS D** ☒ Change ☐ Addition
3.2 NAME **ALICE CAPIK**
3.3 STREET ADDRESS **2209 MAJESTIC WDS BL**
3.4 CITY-ST-ZIP **APOPKA, FL 32712**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **400001794564** ☐ Change ☐ Addition
5.2 NAME **-04/25/96--01057--001**
5.3 STREET ADDRESS *****61.25**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Alice Capik

ALICE CAPIK

4/16/96

407-292-9566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)