

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13613 (7)**  
1. Corporation Name  
**MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>2209 MAJESTIC WDS BLVD APOPKA FL 32712 US</b>	Mailing Address <b>P O BOX 916513 LONGWOOD FL 32791-6513 US</b>
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3. Date Incorporated or Qualified <b>02/27/1986</b>	3a. Date of Last Report <b>04/24/1996</b>
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2. Principal Place of Business 21 <b>2000 MAJESTIC WDS BLVD</b> Suite, Apt. #, etc. 22 City & State 23 <b>APOPKA, FL</b> Zip 24 <b>32712</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>P.O. BOX 916513</b> Suite, Apt. #, etc. 27 City & State 28 <b>LONGWOOD, FL</b> Zip 29 <b>32791</b> Country 30 <b>USA</b>
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4. FEI Number <b>59-2650398</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CAPIK, ALICE  
2209 MAJESTIC WDS BLVD  
APOPKA FL 32712**

10. Name and Address of New Registered Agent

81 Name <b>TOM RUSSELL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2000 MAJESTIC WOODS BLVD.</b>
83
84 City <b>APOPKA</b>
85 Zip Code <b>FL 32712</b>

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   
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BURCHAM, JOYCE R 806 TOWERING OAKWAY APOPKA FL 32712</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LEMAY, BRIAN 2137 MAJESTIC WDS. BL. APOPKA FL 32712</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD CAPIK, ALICE 2209 MAJESTIC WDS BLVD APOPKA FL 32712</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD STEVE MCCONNELL 2144 MAJESTIC WDS. BLVD. APOPKA, FL 32712</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VPD DOUG ASBELL 2162 MAJESTIC WOODS BLVD. APOPKA, FL 32712</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>STD TOM RUSSELL 2000 MAJESTIC WDS. BLVD. APOPKA, FL 32712</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-97 (407) 297-4627

Date

Daytime Phone # 0015385

CR2E037 (9/96)