

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3000 MAJESTIC WDS BLVD APOPKA FL 32712 US	Mailing Address P O BOX 916513 LONGWOOD FL 32791 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/27/1986	4. FEI Number 59-2650398	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUSSELL, TOM
2000 MAJESTIC WOODS BLVD
APOPKA FL 32712**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	86 Zip Code
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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

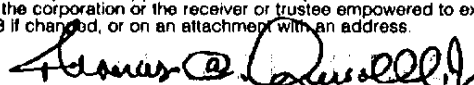
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCCONNELL, STEVE	
STREET ADDRESS	2144 MAJESTIC WDS BLVD	
CITY-ST-ZIP	APOPKA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ASBELL, DOUG	
STREET ADDRESS	2162 MAJESTIC WOODS BLVD	
CITY-ST-ZIP	APOPKA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RUSSELL, TOM	
STREET ADDRESS	2000 MAJESTIC WDS BLVD	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HARVEY WILCOX	
1.3 STREET ADDRESS	812 TOWERING OAK WAY	
1.4 CITY-ST-ZIP	APOPKA, FL 32712	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BARBARA REILLY	
2.3 STREET ADDRESS	2092 MAJESTIC WOODS BLVD.	
2.4 CITY-ST-ZIP	APOPKA, FL 32712	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TOM RUSSELL	
3.3 STREET ADDRESS	2000 MAJESTIC WOODS BLVD.	
3.4 CITY-ST-ZIP	APOPKA, FL 32712	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARY ESTES	
4.3 STREET ADDRESS	2131 MAJESTIC WOODS BLVD.	
4.4 CITY-ST-ZIP	APOPKA, FL 32712	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:  **THOMAS A. Russell, JR.** 4-13-98 (407) 297-4627

CR2E037 (10/97)