

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90148 014 \*\*\*\*70.00

|                                                                                                      |                                                                                   |                                                                                                                 |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                                      |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # N13613</b><br>1. Corporation Name<br><b>MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.</b> |                                                                                   |                                                                                                                 |
| Principal Place of Business<br><b>2000 MAJESTIC WDS BLVD</b><br><b>APOPKA FL 32712</b><br><b>US</b>  | Mailing Address<br><b>P O BOX 916513</b><br><b>LONGWOOD FL 32791</b><br><b>US</b> |                                                                                                                 |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br><b>02/27/1986</b><br>4. FEI Number<br><b>59-2650398</b><br>Applied For: <input type="checkbox"/> Not Applicable<br>5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent<br><b>RUSSELL, TOM</b><br><b>2000 MAJESTIC WOODS BLVD</b><br><b>APOPKA FL 32712</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                          |  | 10. Name and Address of New Registered Agent<br>81 Name <b>Debra D. Tessitore</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>831 TOWERING OAK WAY</b><br>83<br>84 City <b>Apopka</b> <b>FL</b> 85 Zip Code <b>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.<br>SIGNATURE: <u>Debra D. Tessitore</u> DATE: <b>4-20-99</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning).)</small> |  |                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                            |  |

| 12. OFFICERS AND DIRECTORS                                                                                                                 |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                         |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE <b>PD</b><br>NAME <b>WILCOX, HARVEY</b><br>STREET ADDRESS <b>812 TOWERING OAK WAY</b><br>CITY-STATE-ZIP <b>APOPKA FL 32712</b>       | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE <b>PD</b><br>1.2 NAME <b>Ken Ruth</b><br>1.3 STREET ADDRESS <b>2210 Majestic Woods Blvd.</b><br>1.4 CITY-STATE-ZIP <b>Apopka, FL 32712</b>          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <b>VPD</b><br>NAME <b>REILLY, BARBARA</b><br>STREET ADDRESS <b>2092 MAJESTIC WOODS BLVD</b><br>CITY-STATE-ZIP <b>APOPKA FL 32712</b> | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE <b>VD</b><br>2.2 NAME <b>Ruth Wagner</b><br>2.3 STREET ADDRESS <b>2048 Majestic Woods Blvd.</b><br>2.4 CITY-STATE-ZIP <b>Apopka, FL 32712</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <b>TD</b><br>NAME <b>RUSSELL, TOM</b><br>STREET ADDRESS <b>2000 MAJESTIC WDS BLVD</b><br>CITY-STATE-ZIP <b>APOPKA FL 32712</b>       | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE <b>TD</b><br>3.2 NAME <b>Debra Tessitore</b><br>3.3 STREET ADDRESS <b>831 Towering Oak Way</b><br>3.4 CITY-STATE-ZIP <b>Apopka, FL 32712</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <b>SD</b><br>NAME <b>ESTES, MARY</b><br>STREET ADDRESS <b>2131 MAJESTIC WOODS BLVD</b><br>CITY-STATE-ZIP <b>APOPKA FL 32712</b>      | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE <b>SD</b><br>4.2 NAME <b>Rhonda Costantine</b><br>4.3 STREET ADDRESS <b>2067 Majestic Woods Blvd.</b><br>4.4 CITY-STATE-ZIP <b>Apopka, FL 32712</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                          | <input type="checkbox"/> DELETE            | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-STATE-ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                          | <input type="checkbox"/> DELETE            | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-STATE-ZIP                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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, with all other like empowered.

SIGNATURE: Debra D. Tessitore REC'D: Debra D. Tessitore - T DATE: **4-20-99** DAYTIME PHONE: **(407) 834-0102**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)