

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13613

1. Entity Name

MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2000 MAJESTIC WDS BLVD  
APOPKA FL 32712  
US

P O BOX 916513  
LONGWOOD FL 32791-6513  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2650398

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75-Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TESSITARE, DEBRA D  
831 TOWERING OAK WAY  
APOPKA FL 32712

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RUTH, KEN  
STREET ADDRESS 2210 MAJESTIC WOODS BLVD  
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE VD  
NAME WAGNER, RUTH  
STREET ADDRESS 2048 MAJESTIC WOODS BLVD  
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE TD  
NAME TESSITARE, DEBRA  
STREET ADDRESS 831 TOWERING OAK WAY  
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE SD  
NAME COSTANTINE, RHONDA  
STREET ADDRESS 2067 MAJESTIC WOODS BLVD  
CITY-ST-ZIP APOPKA FL 32712 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD  
NAME Laurie Muñoz  
STREET ADDRESS 2056 Majestic Woods Blvd.  
CITY-ST-ZIP Apopka, FL 32712 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Debra D Tessitare*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-00

Date

(407) 884-0102

Daytime Phone #