

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13613

1. Entity Name

MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90126 002 ****70.00

C0044149



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2000 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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2650398	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TESSITARE, DEBRA D 831 TOWERING OAK WAY APOPKA FL 32712

7. Name and Address of New Registered Agent Name: <u>Cook, Ann</u> Street Address (P.O. Box Number is Not Acceptable): <u>2018 Majestic Woods Blvd.</u> City: <u>Apopka</u> FL Zip Code: <u>32712</u>

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: <u>Ann Cook</u> <u>Ann Cook</u> 4-2-01 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUTH, KEN 2210 MAJESTIC WOODS BLVD APOPKA FL 32712 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAGNER, RUTH 2048 MAJESTIC WOODS BLVD APOPKA FL 32712 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TESSITARE, DEBRA 831 TOWERING OAK WAY APOPKA FL 32712 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUNOZ, LAURIE 2056 MAJESTIC WOODS BLVD APOPKA FL 32712 <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Melchior, Bill 2012 Majestic Woods Blvd. APOPKA, FL. 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Don Orser 831 Towering Oak Way Apopka, FL. 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cook, Ann 2018 Majestic Woods Blvd. APOPKA, FL 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Capik, Alice 8309 Majestic Woods Blvd Apopka, FL. 32712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Ann Cook (Treasurer) 407-880-9349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)