## 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 27, 2002 8:00 am Secretary of State **DOCUMENT # N13613** 1. Entity Name MAJESTIC WOODS COMMUNITY ASSOCIATION, INC. 05-27-2002 90363 041 \*\*\*\*61.25 Principal Place of Business Mailing Address 2000 MAJESTIC WDS BLVD P O BOX 916513 APOPKA FL 32712 LONGWOOD FL 32791 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2650398 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, ANN 2018 MAJESTIC WOODO BLVD. APOPKA FL 32712 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. 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Melchior, William ☐ Delete TITLE Change Change NAME MELCHICE, BILL 2012 MASESTIC WOODS BITD. NAME STREET ADDRESS 2012 MAJESTIC WOODS BLVD. STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-7IP POPKA, FL 32712 TITLE Delete TITLE ☐ Addition NAME ORSER, DON NAME 2209 MAJESTIC WOODS BIVD STREET ADDRESS 837 TOWERING OAK WAY STREET ADDRESS APOPKA-FL:327-12--CITY-ST-ZIP TD PRUTH CARUL LOODS BIVD □ Delete TITLE -☐ Change COOK, ANN NAME STREET ADDRESS 2018 MAJESTIC WOODS BLVD. STREET ADDRESS A POPKA, FL 327/2 SD YARBOR OUGH, Lee Change 2120 MAJESTIC WOODS BIVD. CITY-ST-ZIP <u>APOPKA FL 32712</u> CITY-ST-ZIP SD ☐ Delete TITLE CAPIK, ALICE NAME STREET ADDRESS 2209 MAJESTIC WOODS BLVD. STREET ADDRESS CITY-ST-ZIE APOPKA FL 32712 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered