2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2006 08:00 AM
Secretary of State

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 US

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06012006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2650398
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCONNELL, STEVEN
2144 MAJESTIC WOODS
APOPKA, FL 32712

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Steven McConnell 6-24-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MELCHIOR, BILL
STREET ADDRESS	2012 MAJESTIC WOODS BLVD.
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	VD
NAME	SMITH, PAT
STREET ADDRESS	2061 MAJESTIC WOODS
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	TD
NAME	MCCONNELL, STEVEN
STREET ADDRESS	2144 MAJESTIC WOODS
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	SD
NAME	YARBOROUGH, LEE
STREET ADDRESS	2120 MAJESTIC WOODS
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/30/06-80003-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Steven McConnell 6-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #