

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13613

FILED  
Feb 05, 2007  
Secretary of State

Entity Name: MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.

## Current Principal Place of Business:

2000 MAJESTIC WDS BLVD  
APOPKA, FL 32712 US

## New Principal Place of Business:

2168 MAJESTIC WDS BLVD  
APOPKA, FL 32712 US

## Current Mailing Address:

P O BOX 916513  
LONGWOOD, FL 32791 US

## New Mailing Address:

FEI Number: 59-2650398      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCONNELL, STEVEN  
2144 MAJESTIC WOODS  
APOPKA, FL 32712 US

## Name and Address of New Registered Agent:

RYALL, ROBERT  
2114 MAJESTIC WOODS  
APOPKA, FL 32712 US

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: ROBERT P RYALL

02/05/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MELCHIOR, BILL  
Address: 2012 MAJESTIC WOODS BLVD.  
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete  
Name: SMITH, PAT  
Address: 2061 MAJESTIC WOODS  
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete  
Name: MCCONNELL, STEVEN  
Address: 2144 MAJESTIC WOODS  
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete  
Name: YARBOROUGH, LEE  
Address: 2120 MAJESTIC WOODS  
City-St-Zip: APOPKA, FL 32712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WISECUP, JENNIFER  
Address: 2168 MAJESTIC WOODS BLVD.  
City-St-Zip: APOPKA, FL 32712

Title: VD (X) Change ( ) Addition  
Name: O'FILL, DANNY  
Address: 2138 MAJESTIC WOODS  
City-St-Zip: APOPKA, FL 32712

Title: TD (X) Change ( ) Addition  
Name: RYALL, ROBERT  
Address: 2114 MAJESTIC WOODS  
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P RYALL

TD

02/05/2007

Electronic Signature of Signing Officer or Director

Date