

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13613

FILED
Jul 06, 2008
Secretary of State

Entity Name: MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2168 MAJESTIC WDS BLVD
APOPKA, FL 32712 US

New Principal Place of Business:

2024 MAJESTIC WOODS 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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RYALL, ROBERT
2114 MAJESTIC WOODS
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

JOHNSON, CLAUDE
2074 MAJESTIC WOODS BLVD
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: CLAUDE JOHNSON

07/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: TD () Delete
Name: RYALL, ROBERT
Address: 2114 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: ERTTEL, DAVID
Address: 2024 MAJESTIC WOODS BLVD
City-St-Zip: APOPKA, FL 32712

Title: VD (X) Change () Addition
Name: BONDS, SUSAN
Address: 2216 MAJESTIC WOODS BLVD
City-St-Zip: APOPKA, FL 32712

Title: TD (X) Change () Addition
Name: JOHNSON, CLAUDE
Address: 2074 MAJESTIC WOODS BLVD
City-St-Zip: APOPKA, FL 32712

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

I hereby certify that the information supplied with this filing does not qualify 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: CLAUDE JOHNSON

TD

07/06/2008

Electronic Signature of Signing Officer or Director

Date