

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13613

FILED
May 03, 2009
Secretary of State

Entity Name: MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2024 MAJESTIC WOODS BLVD
APOPKA, FL 32712 US

New Principal Place of Business:

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:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ERTEL, DAVID
Address: 2024 MAJESTIC WOODS BLVD
City-St-Zip: APOPKA, FL 32712

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VD (X) Change () Addition
Name: KLUSMEIMR, ROBERTA
Address: 843 TOWERING OAK WAY
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 L. JOHNSON

TD

05/03/2009

Electronic Signature of Signing Officer or Director

Date