

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90146 008 ****61.25

DOCUMENT # N13613

1. Entity Name

MAJESTIC WOODS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**2000 MAJESTIC WDS BLVD
APOPKA FL 32712
US**

Mailing Address

**P O BOX 916513
LONGWOOD FL 32791
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**COOK, ANN
2210 MAJESTIC WOOD BLVD
APOPKA FL 32712**

7. Name and Address of New Registered Agent

Name **Steven McConnell**
Street Address (P.O. Box Number is Not Acceptable) **2144 Majestic Woods**
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Steven McConnell

4-11-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MELCHICE, BILL	
STREET ADDRESS	2012 MAJESTIC WOODS BLVD.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ORSER, DON	
STREET ADDRESS	837 TOWERING OAK WAY	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COOK, ANN	
STREET ADDRESS	2018 MAJESTIC WOODS BLVD.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAPIK, ALICE	
STREET ADDRESS	2209 MAJESTIC WOODS BLVD.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Smith	
STREET ADDRESS	2061 Majestic Woods	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven McConnell	
STREET ADDRESS	2144 Majestic Woods	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yarborough, Lee	
STREET ADDRESS	2120 Majestic Woods	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven McConnell

4-11-03

407-896-2510

CR2E037 (10/02)