

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N34836 (9)**  
1. Corporation Name  
**MAJESTIC PLAZA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 1860 N CONGRESS AVE P O BOX 20629 WEST PALM BEACH FL 33401 US		Mailing Address 1860 N CONGRESS AVE WEST PALM BEACH FL 33401 US		3. Date Incorporated or Qualified <b>10/24/1989</b>		3a. Date of Last Report <b>05/02/1995</b>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0170481</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip		28 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BRION JACQUES</b> <b>1860 N CONGRESS AVE</b> <b>W PALM BEACH FL 33401</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b> 85 Zip Code			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE _____ DATE <b>4/30/96</b> <small>Signature, type or printed name of registered agent or officer of corporation. Registered Agent signature required when reappointing.</small>							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRION, JACQUES			1.2 NAME			
STREET ADDRESS	1860 N CONGRESS AVE			1.3 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL 33401			1.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARRISH, KENNETH			2.2 NAME			
STREET ADDRESS	1860 N CONGRESS AVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL 33401			2.4 CITY - ST - ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOOMEY, ROBERT			3.2 NAME			
STREET ADDRESS	1860 N CONGRESS AVE			3.3 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL 33401			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME \_\_\_\_\_ SIGNING OFFICER OR DIRECTOR

Da's

Daytime Phone #

CR2E037 (12/95)