## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 23, 2009 DOCUMENT# N41786 Secretary of State

Entity Name: MAJESTIC OAKS HOMEOWNERS ASSOCIATION OF OCALA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5268 SW 88TH PLACE 8933 S.W. 52ND CT. OCALA, FL 34476 OCALA, FL 34476

**Current Mailing Address: New Mailing Address:** 

PO BOX 771071 OCALA, FL 344761071

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FISHER, NAN **5268 SW 88TH PLACE** OCALA, FL 34476

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete ALLEN, PETER WATSON, ROBERT Name: Name:

5382 SW 84TH PLACE Address: 5269 S.W. 89 ST. Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: OCALA, FL 34476

Title: DV () Delete Title: () Change () Addition

WALLACE, RON Name: Name: Address: 8933 SW52 CT Address: City-St-Zip: OCALA, FL 34476 City-St-Zip:

Title: DP Title: (X) Change ( ) Addition ( ) Delete

FISHER, NAN WALLACE, RON Name: Name: 5268 SW 88TH PLACE 8933 S.W. 25 CT. Address: Address: City-St-Zip: OCALA, FL 344763870 City-St-Zip: OCALA, FL 344763870

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition

Name: COLAIANNI, BARBARA A Name: WATSON, ROBERT 5457 SW 85TH PL Address: Address: 5269 S.W. 89 ST. City-St-Zip: OCALA, FL 34476 City-St-Zip: OCALA, FL 34476

Title: ( ) Delete Title: () Change () Addition

MCCOY, MICHAEL Name: Name: 5867 SW 86TH PL Address: Address: City-St-Zip: OCALA, FL 34476 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

ALLEN, MARTA WALSH, ROBERT Name: Name: Address: 5382 SW 84TH PL Address: 5432 S.W. 86 LN. OCALA, FL 34476 OCALA, FL 34476 City-St-Zip: City-St-Zip:

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: ROBERT H. WATSON JR. DS 07/23/2009