

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 24, 2009
Secretary of State**

DOCUMENT# N41786

Entity Name: MAJESTIC OAKS HOMEOWNERS ASSOCIATION OF OCALA, INC.**Current Principal Place of Business:**8933 S.W. 52ND CT.
OCALA, FL 34476**New Principal Place of Business:****Current Mailing Address:**PO BOX 771071
OCALA, FL 344761071**New Mailing Address:**

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:FISHER, NAN
5268 SW 88TH PLACE
OCALA, FL 34476 US**Name and Address of New Registered Agent:**WALLACE, RON
8933 S. W. 52 CT.
OCALA, FL 34476 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: RON WALLACE

07/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DS () Delete
Name: WATSON, ROBERT
Address: 5269 S.W. 89 ST.
City-St-Zip: OCALA, FL 34476Title: DV () Delete
Name: WALLACE, RON
Address: 8933 SW52 CT
City-St-Zip: OCALA, FL 34476Title: DP () Delete
Name: WALLACE, RON
Address: 8933 S.W. 25 CT.
City-St-Zip: OCALA, FL 344763870Title: DT () Delete
Name: WATSON, ROBERT
Address: 5269 S.W. 89 ST.
City-St-Zip: OCALA, FL 34476Title: D () Delete
Name: MCCOY, MICHAEL
Address: 5867 SW 86TH PL
City-St-Zip: OCALA, FL 34476Title: D () Delete
Name: WALSH, ROBERT
Address: 5432 S.W. 86 LN.
City-St-Zip: OCALA, FL 34476**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
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Address:
City-St-Zip:Title: () Change () Addition
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Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
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

07/24/2009

Electronic Signature of Signing Officer or Director

Date