2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 29, 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:

5326 SW 89TH STREET
OCALA, FL 34476

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:

WALLACE, RON
8933 S. W. 52 CT.
OCALA, FL 34476 US

Name and Address of New Registered Agent:

DAY, N RAYMOND
5326 SW 89TH STREET
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: N RAYMOND DAY 10/29/2009
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 34476

Title: DV ( ) Delete
Name: WALLACE, RON
Address: 8933 SW52 CT
City-St-Zip: OCALA, FL 34476

Title: DP ( ) Delete
Name: WALLACE, RON
Address: 8933 S.W. 25 CT.
City-St-Zip: OCALA, FL 344763870

Title: DT ( ) Delete
Name: WATSON, ROBERT
Address: 5269 S.W. 89 ST.
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: MCCOY, MICHAEL
Address: 5867 SW 86TH PL
City-St-Zip: OCALA, FL 34476

Title: 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: DP (X) Change ( ) Addition
Name: DAY, N RAYMOND
Address: 5326 SW 89TH STREET
City-St-Zip: OCALA, FL 34476

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

Title: ( ) Change ( ) Addition
Name:
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: RON WALLACE VP 10/29/2009
Electronic Signature of Signing Officer or Director Date