

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41786

FILED
Jan 19, 2010
Secretary of State

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

Current Principal Place of Business:

5326 SW 89TH STREET
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

PO BOX 771071
OCALA, FL 344761071

New Mailing Address:

PO BOX 771071
OCALA, FL 344771071

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

Name and Address of Current Registered Agent:

DAY, N RAYMOND
5326 SW 89TH STREET
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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:

Title: DP
Name: DAY, N RAYMOND
Address: 5326 SW 89 STREET.
City-St-Zip: OCALA, FL 34476

Title: DV
Name: SHARP, DANIEL
Address: 5321 SW 87TH PLACE
City-St-Zip: OCALA, FL 34476

Title: DS
Name: HOGAN, CAROL
Address: 8176 SW 54TH COURT
City-St-Zip: OCALA, FL 34476

Title: DT
Name: JORDAN, CHARLES WESLEY
Address: 5320 SW 87TH PLACE
City-St-Zip: OCALA, FL 34476

Title: D
Name: SEOG, ROBERTA
Address: 5898 SW 89TH PLACE
City-St-Zip: OCALA, FL 34476

Title: D
Name: MUNDAY, RONALD
Address: 5385 SW 80TH PLACE
City-St-Zip: OCALA, FL 34476

I hereby 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 all other like empowered.

SIGNATURE: N RAYMOND DAY

PRES

01/19/2010

Electronic Signature of Signing Officer or Director

Date