

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 29, 2012
Secretary of State**

DOCUMENT# N41786

Entity Name: MAJESTIC OAKS HOMEOWNERS ASSOCIATION OF OCALA, INC.**Current Principal Place of Business:**5425 SW 85TH STREET
OCALA, FL 34476**New Principal Place of Business:**5268 SW 88TH PL
OCALA, FL 34476**Current Mailing Address:**PO BOX 771071
OCALA, FL 344771071**New Mailing Address:**

FEI Number: 59-3040459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MARK, CROFT A
5425 SW 85TH STREET
OCALA, FL 34476 US**Name and Address of New Registered Agent:**GEORGE, FISHER
5268 SW 88TH PL
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: GEORGE FISHER

11/29/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PRES
Name: FISHER, GEORGE
Address: 5268 SW 88TH PL
City-St-Zip: OCALA, FL 34476Title: TREA
Name: COLAIANNI, LOUIS O
Address: 5457 SW 85TH PL
City-St-Zip: OCALA, FL 34476Title: SEC
Name: TREBLAS, LUE
Address: 5336 SW 87TH PL
City-St-Zip: OCALA, FL 34476Title: DIR
Name: WATSON, ROBERT
Address: 5269 SW 89TH ST
City-St-Zip: OCALA, FL 34476Title: DIR
Name: ZABROSKI, HERBERT
Address: 5791 SW 86TH PL
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: LOUIS O COLAIANNI

TREA

11/29/2012

Electronic Signature of Signing Officer or Director

Date