

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90057 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43534

1. Corporation Name

MAJESTIC PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

104 FLAME VINE DRIVE
NAPLES FL 33942

Mailing Address

104 FLAME VINE DRIVE
NAPLES FL 33942

2. Principal Place of Business 21 125 Heritage way Suite, Apt. #, etc. 22 _____ City & State 23 Naples, Florida Zip Country 24 34110 25 Collier		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 _____ City & State 28 Naples, Florida Zip Country 29 34110 30 Collier		3. Date Incorporated or Qualified 05/22/1991 4. FEI Number NOT APPLICABLE Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
9. Name and Address of Current Registered Agent TRUPIANO, VITO JR 104 FLAME VINE DRIVE NAPLES FL 33942				10. Name and Address of New Registered Agent 81 Name MARIO TRUPIANO 82 Street Address (P.O. Box Number is Not Acceptable) 125 HERITAGE WAY 83 _____ 84 City Naples FL 34110 FL 85 Zip Code 34110	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>Mario Trupiano</i> DATE 4-30-99 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUPIANO, VITO		1.2 NAME	MARIO TRUPIANO	
STREET ADDRESS	18213 YORKSHIRE		1.3 STREET ADDRESS	125 HERITAGE WAY	
CITY-ST-ZIP	RIVERVIEW MI 48192		1.4 CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VITO TRUPIANO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUPIANO, MARIA		2.2 NAME	VITO TRUPIANO	
STREET ADDRESS	18213 YORKSHIRE		2.3 STREET ADDRESS	125 HERITAGE WAY	
CITY-ST-ZIP	RIVERVIEW MI 48192		2.4 CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DOMENICA VIVIANO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROPIANO, VITO JR.		3.2 NAME	DOMENICA VIVIANO	
STREET ADDRESS	104 FLAME DRIVE		3.3 STREET ADDRESS	116 HERITAGE WAY	
CITY-ST-ZIP	NAPLES FL 34110		3.4 CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. TRUPIANO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

771-598-2282

Date

Daytime Phone #

CR2E037 (11/98)