



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90088 030 \*\*\*\*61.25

<b>DOCUMENT # N43534</b> 1. Entity Name <b>MAJESTIC PINES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>117 HERITAGE WAY NAPLES, FL 34110</b>			Mailing Address <b>117 HERITAGE WAY NAPLES, FL 34110</b>		
2. Principal Place of Business <b>104 HERITAGE WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>104 HERITAGE WAY</b> Suite, Apt. #, etc.			
City & State <b>NAPLES, FL</b>		City & State <b>NAPLES, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>34110</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARZULLI, ANTHONY M. 117 HERITAGE WAY NAPLES, FL 34110</b>				7. Name and Address of New Registered Agent Name <b>NANCY GRESHAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>104 HERITAGE WAY</b> City <b>NAPLES</b> FL Zip Code <b>34110</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Nancy Gresham</i> DATE <b>04-13-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE PD NAME MARZULLI, ANTHONY M. STREET ADDRESS 117 HERITAGE WAY CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE PD NAME NANCY GRESHAM STREET ADDRESS 104 HERITAGE WAY CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME ZIDO, BART P STREET ADDRESS 113 HERITAGE WAY CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME THOMAS MOOREK STREET ADDRESS 112 HERITAGE WAY CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME TWEENTE, AMY STREET ADDRESS 108 HERITAGE WAY CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE TD NAME MICHAEL ORSTAD STREET ADDRESS 101 HERITAGE WAY CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nancy Gresham</i>			DATE: <b>04-13-04</b>		DAYTIME PHONE #: <b>239-596-5961</b>