


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N43534</b> 1. Entity Name <b>MAJESTIC PINES HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>104 HERITAGE WAY NAPLES, FL 34110</b>	Mailing Address <b>104 HERITAGE WAY NAPLES, FL 34110</b>
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02282005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</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>GRESHAM, NANCY 104 HERITAGE WAY NAPLES, FL 34110</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 *Nancy J. Gresham* *Nancy J. Gresham* *5-8-05*  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**1100000365202  
05/09/05-80029-015 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRESHAM, NANCY 104 HERITAGE WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOCZEK, THOMAS 112 HERITAGE WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORSTAD, MICHAEL 101 HERITAGE WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael S Orstad* *Michael S Orstad* *5/8/05* *(813) 595-3872*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #