

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N43534

FILED  
Oct 20, 2006  
Secretary of State

**Entity Name:** MAJESTIC PINES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

104 HERITAGE WAY  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

104 HERITAGE WAY  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRESHAM, NANCY  
104 HERITAGE WAY  
NAPLES, FL 34110 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: MICHAEL ORSTAD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRESHAM, NANCY  
Address: 104 HERITAGE WAY  
City-St-Zip: NAPLES, FL 34110

Title: VPD ( ) Delete  
Name: MOCZEK, THOMAS  
Address: 112 HERITAGE WAY  
City-St-Zip: NAPLES, FL 34110

Title: TD ( ) Delete  
Name: ORSTAD, MICHAEL  
Address: 101 HERITAGE WAY  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL ORSTAD

TD

10/20/2006

Electronic Signature of Signing Officer or Director

Date