

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90254 004 ****61.25

DOCUMENT # N95000000958 1. Entity Name MAJESTIC SEAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3740 OCEAN BEACH BLVD. COCOA BEACH, FL 32931-3425			Mailing Address 3740 OCEAN BEACH BLVD. SUITE 850 COCOA BEACH, FL 32931-3425 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3300686				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required --	
6. Name and Address of Current Registered Agent PAUL WEAN/WEAN & MALCHOW, P.A. 1305 ROBINSON ST SUITE C ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD VOGTO, JEFF STREET ADDRESS 3740 OCEAN BEACH BLVD., # 506 CITY-ST-ZIP COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE	PD HOMER BRYANT STREET ADDRESS 3740 OCEAN BEACH BLVD #704 CITY-ST-ZIP COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VDP DODSON, MEL STREET ADDRESS 3740 OCEAN BEACH BLVD., 305 CITY-ST-ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD FLOM, MARK STREET ADDRESS 483 BARRELLO LANE CITY-ST-ZIP COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S HOLSTON, MC STREET ADDRESS 3740 OCEAN BEACH BLVD 605 CITY-ST-ZIP COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE	S DEBORAH CARNAHAN STREET ADDRESS 3740 OCEAN BEACH BLVD #606 CITY-ST-ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD HOFFMAN, KENT STREET ADDRESS 225 N. ATLANTIC AVE., #302 CITY-ST-ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T HOLSTON, M.C. STREET ADDRESS 3740 OCEAN BEACH BLVD #605 CITY-ST-ZIP COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Mc Holston</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>01.04.07</i> Time: <i>3:21</i> Daytime Phone #: <i>783 0089</i> <i>Treasurer</i>		