2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000958

1. Entity Name
MAJESTIC SEAS CONDOMINIUM ASSOCIATION, INC.



FILED Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90254 004 ****61.25

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Principal Place of Business		
3740 OCEAN BEACH BLVD.		
COCOA BEACH, FL 32931-3	42	5

3740 OCEAN BEACH BLVD. SUITE 850

2. Principal Place of Businessa - No P.O. Box # 3. Mailing Address Sullis, Apt. #, etc.	COCOA BEACH, FL 32931-3425 US					23				
City & State Country Country Country S. Co	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Separation Separ	Suite, Apt. #, etc, Suit		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01032007	Chg-NP	CR2E037 (12/06)		
26 Country 29 Country 5. Certificate of Status Departed \$8.75 Additional Fee Required \$1.75 Addi	City & Stat	ie	City & State			86				
PAUL WEANWEAN & MALCHOW, P.A. 1305 ROBINSON ST SUITE C ORLANDO, FL 32801 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** **Filling Fee is \$61.25 **Due by May \$1, 2007 **Due by May \$2, 2007 *	Zip	Country	Zip	Country		<u> </u>	10, 1,	\$8.75 Additional	URC	
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TRUE NAME STREET ADDRESS OCTY-ST-2P TILE SD HOLEMAN AMAE STREET ADDRESS OCTY-ST-2P TILE NAME STREET ADDRE	SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE	: Registered Agent s	egneture required	i when reinstating)		DATE		
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Thereby deriny that the mormation supplied with this filling does not quality for the exemptions contained in Unapter 119, Florida Statutes. Fluttner certify 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, withfull other like empowered.

SIGNATURE:

MUTHALITED NAME OF SIGNING OFFICER OR DIRECTOR