

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N97000002000 (4)

1. Corporation Name

MAJESTIC OAKS HOMEOWNERS' FRATERNITY, INC.

Principal Place of Business

8802 S.W. 52ND COURT
OCALA FL 34476

Mailing Address

P.O. BOX 76232
OCALA FL 34481



3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

59-3464861

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRESHAM, JACK W
5385 S.W. 83RD PLACE
OCALA FL 34476

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
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CITY - ST - ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D**
GEORGE FISHER
 1.3 STREET ADDRESS **5268 S.W. 88TH PL.**
 1.4 CITY - ST - ZIP **OCALA, FL 34476**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D**
JACK GRESHAM
 2.3 STREET ADDRESS **5385 S.W. 83RD PL.**
 2.4 CITY - ST - ZIP **OCALA, FL 34476**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D**
RICHARD MACK
 3.3 STREET ADDRESS **8176 S.W. 54TH CT.**
 3.4 CITY - ST - ZIP **OCALA, FL 34476**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D**
MERRILL THEVIOT
 4.3 STREET ADDRESS **8809 S.W. 52ND CT.**
 4.4 CITY - ST - ZIP **OCALA, FL 34476**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **S/T**
CARLOS AMARO
 5.3 STREET ADDRESS **8802 S.W. 52ND CT.**
 5.4 CITY - ST - ZIP **OCALA, FL 34476**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carlos Amaro* Carlos Amaro

5-24-98 352-854-1802

CR2E037 (10/97)