

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/18

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90329 001 \*\*\*\*61.25

**DOCUMENT # N99000007553**

1. Entity Name

**MAJORCA PROPERTY OWNERS ASSOCIATION, INC.**

*Handwritten initials and signature*

Principal Place of Business

Mailing Address

1825 NEPTUNE RD.  
 KISSIMMEE FL 34744

1825 NEPTUNE RD.  
 KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

*59-3653335*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DYMMEK, SE'BELLE SMITH**  
 1825 NEPTUNE RD.  
 KISSIMMEE FL 34744

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
 STREET ADDRESS *Dymmek, Se'Belle S.*  
 CITY-ST-ZIP *P.O.Box 421059 Kissimmee, FL 34742-1059*

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS *Smith, Miranda R.*  
 CITY-ST-ZIP *P.O.Box 421059 Kissimmee, FL 34742-1059*

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS *Smith, Dositia M.*  
 CITY-ST-ZIP *P.O.Box 421059 Kissimmee, FL 34742-1059*

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:

*Se'Belle Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/00*  
 Date

*407-847-5801*  
 Daytime Phone #

CRP037 (9/99)