


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000007553**  
 1. Entity Name  
**MAJORCA PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business 1825 NEPTUNE RD. KISSIMMEE, FL 34744	Mailing Address 1825 NEPTUNE RD. KISSIMMEE, FL 34744
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**DO NOT WRITE IN THIS SPACE**



03192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3653335	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 DYMMEK, SE'BELLE SMITH  
 1825 NEPTUNE RD.  
 KISSIMMEE, FL 34744

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000101693  
 04/02/04-80024-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYMMEK, SE'BELLE S PO BOX 421059 KISSIMMEE, FL 347421059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MIRANDA R PO BOX 421059 KISSIMMEE, FL 347421059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DOSIA M PO BOX 421059 KISSIMMEE, FL 347421059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Belle Smith* *James R* **3/30/04** **407 847 5801**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #