

20. UNIFORM BUSINESS REPORT (UBR)

0016251

DOCUMENT # N99000007553

1. Entity Name

MAJORCA PROPERTY OWNERS ASSOCIATION, INC.

FILED

03 FEB -4 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1825 NEPTUNE RD.
KISSIMMEE FL 34744

Mailing Address

1825 NEPTUNE RD.
KISSIMMEE FL 34744



REINSTATEMENT DO NOT WRITE IN THIS SPACE **02-03**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

1/17/03
DATE

After September 13, 2002,
min. will be \$236.25.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DYMMEK, SE'BELLE S	
STREET ADDRESS	PO BOX 421059	
CITY-ST-ZIP	KISSIMMEE FL 34742-1059	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, MIRANDA R	
STREET ADDRESS	PO BOX 421059	
CITY-ST-ZIP	KISSIMMEE FL 34742-1059	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DOSIA M	
STREET ADDRESS	PO BOX 421059	
CITY-ST-ZIP	KISSIMMEE FL 34742-1059	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600009172986	
CITY-ST-ZIP	02/04/03--01065--008 **\$1.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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'Bel Smith* DYMMEK, SE'BELLE S Smith Dymmek

11/14/02 407-847-5801

CR2E037 (4/02)