

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04628

**Entity Name:** MAJORCA HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 22, 2015**  
**Secretary of State**  
**CC5784614541**

**Current Principal Place of Business:**

P16987020  
548 MAJORCA COURT  
SATELLITE BEACH, FL 32937

**Current Mailing Address:**

P16987020  
P O BOX 372512  
SATELLITE BEACH, FL 32937 US

**FEI Number: 59-2872609**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGAN, JOANNE  
535 MAJORCA CT  
SATELLITE BCH, FL 32937 US

*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:** JOANNE REGAN

03/22/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name KEENEY, WILLIAM  
Address 548 MAJORCA CT  
City-State-Zip: SATELLITE BEACH FL 32937

Title SD  
Name DEE, NATALIE  
Address 524 MAJORCA CT  
City-State-Zip: SATELLITE BCH. FL 32937

Title PD  
Name REGAN, JOANNE  
Address 546 MAJORCA COURT  
City-State-Zip: SATELLITE BEACH FL 32937

Title VD  
Name FONZI, MARIE  
Address 521 MAJORCA CT  
City-State-Zip: SATELLITE BEACH FL 32937

Title DIRECTOR  
Name BARNES, KEN DR.  
Address 1 HOLLY CIRCLE  
City-State-Zip: INDIALANTIC FL 32903

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM KEENEY

**TREASURER**

03/22/2015

Electronic Signature of Signing Officer/Director Detail

Date