

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2006
Secretary of State**

DOCUMENT# N99000007553

Entity Name: MAJORCA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1825 NEPTUNE RD.
KISSIMMEE, FL 34744

New Principal Place of Business:

1825 NEPTUNE RD.
KISSIMMEE, FL 34744 US

Current Mailing Address:

1825 NEPTUNE RD.
KISSIMMEE, FL 34744

New Mailing Address:

1825 NEPTUNE RD.
KISSIMMEE, FL 34744 US

FEI Number: 59-3653335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DYMMEK, SE'BELLE S
Address: PO BOX 421059
City-St-Zip: KISSIMMEE, FL 347421059

Title: D () Delete
Name: SMITH, MIRANDA R
Address: PO BOX 421059
City-St-Zip: KISSIMMEE, FL 347421059

Title: D () Delete
Name: SMITH, DOSIA M
Address: PO BOX 421059
City-St-Zip: KISSIMMEE, FL 347421059

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SEBELLE S.DYMMEK

D

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date