


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 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 US

Mailing Address
 1825 NEPTUNE RD.
 KISSIMMEE, FL 34744 US

DO NOT WRITE IN THIS SPACE



04102007 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

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

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U00000724567
 05/02/07-80115-023.61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Sebel Smith* *Dymek* 4/12/07 407-847-5801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #