2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 759963

1. Entity Name
THE MOORS TOWNVILLAS MAITENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17321 NW 66 CT MIAMI, FL 33015 US	C/O THE CONTINENTAL GROUP 11981 SW 144 COURT, #201 MIAMI, FL 33186 US

01092006   Chg-NP   CR2E037 (11/05)

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 59-2166999 · Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
BROUGH, CHADROW & LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 N COMMERCE PKWY WESTON, FL 33326	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)   DATE

Filing Fee is $61.25 **Due by May 1, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to** **Florida Department of State**

10. OFFICERS AND DIRECTORS | **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP *Janel Economy* *President*	☐ Change	☐ Addition
NAME	ECONOMY, JANET				
STREET ADDRESS	17321 NW 66TH CT				
CITY-ST-ZIP	MIAMI, FL 33015				
TITLE	D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP *Geo. Miller* *Director*	☐ Change	☐ Addition
NAME	MILLER, GEORGE				
STREET ADDRESS	17321 NW 66TH CT				
CITY-ST-ZIP	MIAMI, FL 33015				
TITLE	SD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP *Secretary Ellis* *Sylvia Ellis*	☐ Change	☑ Addition
NAME	ELLIS, SYLVIA				
STREET ADDRESS	17321 NW 66TH CT				
CITY-ST-ZIP	MIAMI, FL 33015				
TITLE	VPD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP *VP* *Ruth V. McNaughton*	☐ Change	☐ Addition
NAME	MCNAUGHTON, RUTH				
STREET ADDRESS	17321 NW 66TH CT				
CITY-ST-ZIP	MIAMI, FL 33015				
TITLE	T	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP *TREASURER* *Armando Ramirez*	☐ Change	☐ Addition
NAME	RAMIREZ, ARMANDO				
STREET ADDRESS	17321 NW 66TH COURT				
CITY-ST-ZIP	MIAMI, FL 33015				
TITLE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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: _____   1/31/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Ruth V. McNaughton   1/31/06.