

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 768390 1. Entity Name MORADA BAY PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 3165 WEST 4TH AVE. HIALEAH, FL 33012	Mailing Address 3165 WEST 4TH AVE. HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0028504	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KEIL, DANIEL M.
3165 WEST 4TH AVE.
HIALEAH, FL 33012

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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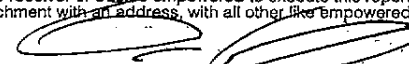
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAME, GLENN 18034 SW 83 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEIL, DANIEL M. 3165 W. 4TH AVE. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORITY, BETTY A 75100 OVERSEAS HIGHWAY ISLAMORADA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/04-80112-013 61.25

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IN THIS SPACE**

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:  **2/26/04 305-883-6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #