2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90186 035 ****61.25

DOCUMENT # 768390

1. Entity Name
MORADA BAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3165 WEST 4TH AVE. HIALEAH, FL 33012	3165 WEST 4TH AVE. HIALEAH, FL 33012

04222005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
6500 Cowpen Rd.	6500 Cowpen Rd.
Suite, Apt. #, etc.: 301	Suite, Apt. #, etc.: 301
City & State: Miami Lakes, FL	City & State: Miami Lakes, FL
Zip: 33014 Country: U.S.A.	Zip: 33014 Country: U.S.A.

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

7. Name and Address of New Registered Agent

Name: Daniel M. Keil
Street Address (P.O. Box Number is Not Acceptable): 6500 Cowpen Rd. Suite 301
City: Miami Lakes **FL** Zip Code: 33014

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 _____ 4/25/05
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, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADAME, GLENN 18034 SW 83 CT MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KEIL, DANIEL M. 3165 W. 4TH AVE. HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6500 Cowpen Rd., Suite 301 Miami Lakes, FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DORITY, BETTY A 75100 OVERSEAS HIGHWAY ISLAMORADA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/25/05 (305) 883-6620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #