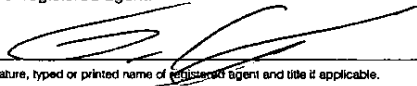
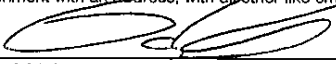


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 3165 WEST 4TH AVE. HIALEAH, FL 33012				Mailing Address 3165 WEST 4TH AVE. HIALEAH, FL 33012	
2. Principal Place of Business 6500 Cowpen Rd. Suite, Apt. #, etc. 301		3. Mailing Address 6500 Cowpen Rd. Suite, Apt. #, etc. 301			
City & State Miami Lakes, FL Zip 33014		City & State Miami Lakes, FL Zip 33014		4. FEI Number 65-0028504	
Country U.S.A.		Country U.S.A.		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 				DATE 4/28/05	
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	SD KEIL, DANIEL M. 3165 W. 4TH AVE. HIALEAH, FL 33012	☐ Delete			
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	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/28/05 Daytime Phone # (305) 883-6620					