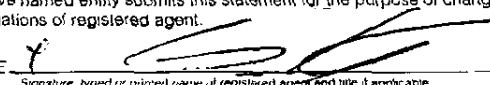


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 768390		
1. Entity Name MORADA BAY PROPERTY OWNERS ASSOCIATION, INC.		
Principal Place of Business 6500 COWPON RD 301 MIAMI LAKES, FL 33014		Mailing Address 6500 COWPON RD 301 MIAMI LAKES, FL 33014
DO NOT WRITE IN THIS SPACE		
		 01252006 No Chg NP CR2E037 (11/05)
4. FLE 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. 6500 COWPEN RD SUITE 301 MIAMI LAKES, FL 33014		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  Signature, typed or printed name of registered agent and title if applicable		DATE 1/25/06 NOTE: Registered Agent signature required when reinstating
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		1000000417805 02/13/06-80071-001 61.25
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. 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/25/06 Daytime Phone # 305-821-5500