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	Mailing Address
6500 COWPON RD 301 MIAMI LAKES, FL 33014	6500 COWPON RD 301 MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

01252006 No Chg-NP CR2E037 (11/05)

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.
6500 COWPEN RD
SUITE 301
MIAMI LAKES, FL 33014

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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 _____ 1/25/06
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

100000417805
02/13/06-80071-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADAME, GLENN
STREET ADDRESS	18034 SW 83 CT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	SD
NAME	KEIL, DANIEL M.
STREET ADDRESS	6500 COWPEN RD, SUITE 301
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	TD
NAME	DORITY, BETTY A
STREET ADDRESS	75100 OVERSEAS HIGHWAY
CITY-ST-ZIP	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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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: _____ 1/25/06 305-821-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #