

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90038 026 ****61.25

DOCUMENT # 768390

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



40011401

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



01032007 No Chg-NP

CR2E037 (4/06)

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**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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	

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #

2/5/07

305 821 5500