2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000651

FILED Apr 21, 2004 Secretary of State

Entity Name: MOSS PARK PROPERTY OWNER'S ASSOCIATION, INC.

| Current Principal Place of Business: | | New Principal Place of Business: |
|--|--|--|
| | ANGE AVE., 4TH FL), FL 32801 | |
| urrent M | ailing Address: | New Mailing Address: |
| | ANGE AVE., 4TH FL), FL 32801 | |
| El Number: | 04-3602658 FEI Number Applied F | For () FEI Number Not Applicable () Certificate of Status Desired () |
| lame and | Address of Current Registered A | Agent: Name and Address of New Registered Agent: |
| | (Y, JAY ANGE AVE., 4TH FL), FL 32801 | |
| | named entity submits this statemen e of Florida. | nt for the purpose of changing its registered office or registered agent, or both, |
| SIGNATUR | | |
| | Electronic Signature of Regis | · · |
| FFICERS | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |
| itle: ame: | D () Delete BRUEHL, J. ROGER | Title: () Change () Addition Name: |
| | 100 LAKE HART DR. ORLANDO, FL 328320100 | Address: City-St-Zip: |
| ity-St-Zip: itle: ame: ddress: | | |
| ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: | ORLANDO, FL 328320100 D () Delete SWORD, DAVID B 100 LAKE HART DR. | City-St-Zip: Title: () Change () Addition Name: Address: |
| itly-St-Zip: itle: ame: ddress: itly-St-Zip: itle: ame: ddress: | ORLANDO, FL 328320100 D () Delete SWORD, DAVID B 100 LAKE HART DR. ORLANDO, FL 328320100 D () Delete LIPPS, ROBERT T 100 SUNPORT LN. | City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: |
| ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: | ORLANDO, FL 328320100 D () Delete SWORD, DAVID B 100 LAKE HART DR. ORLANDO, FL 328320100 D () Delete LIPPS, ROBERT T 100 SUNPORT LN. ORLANDO, FL 32809 D () Delete FLANKIKEN, FORREST W 100 SUNPORT LN. | City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILY RAUCCI D 04/21/2004