


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90335 018 ****61.25

DOCUMENT # N02000000651 1. Entity Name MOSS PARK PROPERTY OWNER'S ASSOCIATION, INC.			
Principal Place of Business 450 S. ORANGE AVE., 4TH FL ORLANDO, FL 32801		Mailing Address 450 S. ORANGE AVE., 4TH FL ORLANDO, FL 32801	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1633 E. Vine St. Suite 110 Kissimmee, FL Zip Country 34744 USA	
		04192004 Chg-NP CR2E037 (10/03)	
		4. FEI Number 04-3602658	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERLINSKY, JAY 450 S. ORANGE AVE., 4TH FL ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete BRUEHL, J. ROGER 100 LAKE HART DR. ORLANDO, FL 328320100	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SWORD, DAVID B 100 LAKE HART DR. ORLANDO, FL 328320100	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LIPPS, ROBERT J 100 SUNPORT LN. ORLANDO, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FLANKIKEN, FORREST W 100 SUNPORT LN. ORLANDO, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MEYER, MARK 450 S. ORANGE AVE., 4TH FL ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete RAUCCI, EMILY 450 S. ORANGE AVE., 4TH FL ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D vjera Todaro P.O. Box 4920 Orlando, FL 32802-4920
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 officers empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/26/04 407.835.3223 Date Daytime Phone #	

Attachment

DOCUMENT #N0200000651

14014833

Moss Park Property Owners Assoc., Inc

Additional Board Members:

D

Jay Berlinksy

PO Box 4920

Orlando, FL 32802-4920

D

Ronald G. Yaddaw

PO Box 628200

Orlando, FL 32862

D

Richard W. Tesch

100 Lake Hart Drive

Orlando, FL 32832-0100