


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90982 017 \*\*\*\*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  
**C/O LELAND MANAGEMENT  
 8009 S ORANGE AVE  
 ORLANDO, FL 32809**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
**R-3**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04132005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**04-3602658**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 **Susan N. Bawtinhimer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**450 S. Orange Ave.**  
**R-3**  
 City **Orlando** FL Zip Code **32801**

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 *Susan N. Bawtinhimer* **SUSAN N. BAWTINHIMER** **4/29/05**  
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, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BRUEHL, J. ROGER	100 LAKE HART DR.	ORLANDO, FL 328320100	<input type="checkbox"/>
D	SWORD, DAVID B	100 LAKE HART DR.	ORLANDO, FL 328320100	<input checked="" type="checkbox"/>
D	LIPPS, ROBERT T	100 SUNPORT LN.	ORLANDO, FL 32809	<input type="checkbox"/>
D	FLANKIKEN, FORREST W	100 SUNPORT LN.	ORLANDO, FL 32809	<input type="checkbox"/>
D VP	MEYER, MARK	450 S. ORANGE AVE., 4TH FL	ORLANDO, FL 32801	<input type="checkbox"/>
D	TODARO, VJERA	P.O. BOX 4920	ORLANDO, FL 328024920	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP	Jay Berlinsky	P.O. Box 4920	Orlando, FL 32802	<input checked="" type="checkbox"/>
		11221 John Wycliffe Blvd.	Orlando, FL 32832	<input checked="" type="checkbox"/>
	Flaniken, Forrest W.	11221 John Wycliffe Blvd.	Orlando, FL 32832	<input checked="" type="checkbox"/>
DVP	Mark Meyer	P.O. Box 4920	Orlando, FL 32802	<input checked="" type="checkbox"/>
DST	Robin Caston	P.O. Box 4920	Orlando, FL 32802	<input checked="" type="checkbox"/>

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, title or other like empowered.

**SIGNATURE:** *Mark Meyer* **Mark Meyer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-05** **407-650-1070**  
Date Daytime Phone #

ATTACHMENT

40076841

DOCUMENT #N02000003982  
MOSS PARK PROPERTY OWNER'S ASSOCIATION, INC.

Additional Directors:

Fred Livingston  
PO Box 628200  
Orlando, FL 32862

Richard Tesch  
100 Lake Hart Drive  
Orlando, FL 32832-0100

Mark Tjernagel  
100 Lake Hart Drive  
Orlando, FL 32832-0100