## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N02000000651

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

**Current Principal Place of Business: New Principal Place of Business:** 450 S. ORANGE AVE., 4TH FL C/O LELAND MANAGEMENT ORLANDO, FL 32801 8009 S. ORANGE AVE. ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** C/O LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809 FEI Number: 04-3602658 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAWTINHIMER, SUSAN N MEYER, MARK 450 S. ORANGÉ AVE. P.O. BOX 4920 ORLANDO, FL 32802 US ORLANDO, FL 32801 US 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. SIGNATURE: MARK MEYER 04/19/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BRUEHL, J. ROGER Name: Name: 100 LAKE HART DR. Address: Address: City-St-Zip: ORLANDO, FL 328320100 City-St-Zip: Title: DP ( ) Delete Title: () Change () Addition BERLINSKY, JAY Name: Name: Address: P.O. BOX 4920 Address: City-St-Zip: ORLANDO, FL 32802 City-St-Zip: Title: () Delete Title: () Change () Addition LIPPS, ROBERT T Name: Name: 11221 JOHN WYCLIFFE BLVD. Address: Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: FLANKIKEN, FORREST W Name: 11221 JOHN WYCLIFFE BLVD Address: Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip: Title: DVP () Delete Title: () Change () Addition MEYER, MARK Name: Name: Address: PO BOX 4920 Address: City-St-Zip: ORLANDO, FL 32802 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CASTON, ROBIN BROWN, MORGAN Name: Name: Address: P.O. BOX 4920 Address: 450 S. ORANGE AVE. ORLANDO, FL 328024920 ORLANDO, FL 32801 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAY BERLINSKY DP 04/19/2006