


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90982 018 ****61.25

DOCUMENT # N02000003982 1. Entity Name MOSS PARK MASTER HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 450 S ORANGE AVE 4TH FLOOR 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 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number 01-0709676	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BERLINSKY, JAY 450 S ORANGE AVE 4TH FLOOR ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Susan N. Bawtinheimer 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 <u><i>Susan N. Bawtinheimer</i></u> SUSAN N. BAWTINHIMER 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 BRUEHL, J ROGER 100 LAKE HART DR ORLANDO, FL 328320100	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWORD, DAVID B 100 LAKE HART DR ORLANDO, FL 328320100	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Jay Berlinsky P.O. Box 4920 Orlando, FL 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPS, ROBERT T 11221 JOHN WYCLIFF BLVD ORLANDO, FL 32832	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANIKEN, FORREST W 11221 JOHN WYCLIFF BLVD ORLANDO, FL 32832	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Flaniken, Forrest W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, MARK 450 S ORANGE AVE 4TH FLOOR ORLANDO, FL 32801	<input type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	Mark Meyer P.O. Box 4920 Orlando, FL 32802 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODARO, VJERA P.O. BOX 4920 ORLANDO, FL 328024920	<input checked="" type="checkbox"/> Delete	TITLE STD NAME STREET ADDRESS CITY-ST-ZIP	Robin Caston P.O. Box 4920 Orlando, FL 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: <u><i>Mark Meyer</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/29/05 407-650-1070 Date Daytime Phone #		

ATTACHMENT

40076840

DOCUMENT #N02000003982

MOSS PARK MASTER HOMEOWNER'S ASSOCIATION, INC.

Additional Directors:

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