

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003982

FILED
Feb 27, 2009
Secretary of State

Entity Name: MOSS PARK MASTER HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

450 S. ORANGE AVE.
ORLANDO, FL 32801

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

Current Mailing Address:

C/O LELAND MANAGEMENT
5955 TG LEE BLVD., SUITE 300
ORLANDO, FL 32822

New Mailing Address:

C/O LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 US

FEI Number: 01-0709676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
5955 TG LEE BLVD., SUITE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809 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: _____

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FOURNIER, GLENN
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: DVP () Delete
Name: MEYER, MARK
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: DST () Delete
Name: BROWN, MORGAN
Address: 450 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: FLANIKEN, FORREST W
Address: PO BOX 628200
City-St-Zip: ORLANDO, FL 32862

Title: D () Delete
Name: BRUEHL, ROGER
Address: 100 LAKE HART DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: D () Delete
Name: LIPPS, ROBERT
Address: PO BOX 628200
City-St-Zip: ORLANDO, FL 32862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TJERNAGEL, MARK
Address: 100 LAKE HART DRIVE
City-St-Zip: ORLANDO, FL 32832

Title: () Change () Addition
Name:
Address:
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 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: GLENN FOURNIER

DP

02/27/2009

Electronic Signature of Signing Officer or Director

Date