2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000003982

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

FILED Apr 30, 2003 Secretary of State

Current Br	incinal Place	of Business		Now Princi	inal Blace of I	Bucinace:	
Current Principal Place of Business:				New Principal Place of Business:			
450 S ORANGE AVE 12 FLOOR ORLANDO, FL 32801				450 S ORANGE AVE 4TH FLOOR ORLANDO, FL 32801			
Current Mailing Address:				New Mailing Address:			
450 S ORANGE AVE 12 FLOOR ORLANDO, FL 32801				450 S ORANGE AVE 4TH FLOOR ORLANDO, FL 32801			
FEI Number:	01-0709676	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of N	ew Registered Agent:	
BERLINSKY, JAY 450 S ORANGE AVE 12 FLOOR ORLANDO, FL 32801				BERLINSKY, JAY 450 S ORANGE AVE 4TH FLOOR ORLANDO, FL 32801			
The above in the State		ubmits this statement for the pur	rpose o	f changing its	s registered of	ffice or registered agent, or both,	
SIGNATURE: JAY BERLINSKY					04/30/2003		
	Electronic	Signature of Registered Agent	t			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () EBRUEHL, J ROG 100 LAKE HART ORLANDO, FL 3	DR		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () I SWORD, DAVID 100 LAKE HART ORLANDO, FL 3	DR		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () I LIPPS, ROBERT 11221 JOHN WY ORLANDO, FL 3	CLIFF BLVD		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () I FLANIKENS, FOI 11221 JOHN WY ORLANDO, FL 3	CLIFF BLVD		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () I MEYER, MARK 450 S ORANGE ORLANDO, FL 3			Title: Name: Address: City-St-Zip:	MEYER, MARK	AVE 4TH FLOOR	
Title: Name: Address: City-St-Zip:	D () I ALBURY, CHRIS 450 S ORANGE ORLANDO, FL 3	AVE 12 FLOOR		Title: Name: Address: City-St-Zip:	RAUCCI, EMILY	AVE 4TH FLOOR	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EMILY RAUCCI D 04/30/2003