



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90041 040 \*\*\*\*61.25

<b>DOCUMENT # N12017</b>					
1. Entity Name TOWN VILLAS AT MOON LAKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9251 FONTAINE PLACE BOCA RATON, FL 33442 US		Mailing Address 9251 FONTAINE PLACE BOCA RATON, FL 33442 US		<b>40072983</b>  	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04152008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2652810	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMPBELL PROPERTY MANAGEMENT 9251 FONTAINE PLACE BOCA RATON, FL 33496				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PICKMAN, MILDRED		NAME		
STREET ADDRESS	18999 STEWART CR 4		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERSON, ED		NAME		
STREET ADDRESS	19000 STEWART CIRCLE #6		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SAUVE, ROLAND		NAME	Vincent Daddi	
STREET ADDRESS	19000 STEWART CIR #7		STREET ADDRESS	9125 Flynn Circle #4	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARSHAW, EVELYN		NAME		
STREET ADDRESS	907 TRACY COURT #2		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RACCUGLIA, LOUIS		NAME	VP Lois Stein	
STREET ADDRESS	9035 LFLYNN CIRCLE #8		STREET ADDRESS	9065 Flynn Circle #6	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAUL, WILLIAM		NAME		
STREET ADDRESS	9110 TRACY CIR #5		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Evelyn Warshaw</u>		EVELYN WARSHAW		#15 for Treasurer	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	