

FILED
Mar 21, 2005 8:00 am
Secretary of State

01-25-2005 90040 012 ****61.25

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 759963			
1. Entity Name THE MOORS TOWNVILLAS MAITENANCE ASSOCIATION, INC.			
Principal Place of Business 17321 NW 66 CT MIAMI, FL 33015 US		Mailing Address C/O THE CONTINENTAL GROUP 11981 SW 144 COURT, #201 MIAMI, FL 33186 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2166999		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALLICHE, ANTHONY BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DR, #100 MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Michael Chadrow Street Address (P.O. Box Number is Not Acceptable) Brough, Chadrow & Levine, P.A. 2700 South Commerce Parkway, Ste. 305-B Waston FL 33331	
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 Michael Chadrow DATE 1-20-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P ECONOMY, JANET 17321 NW 66TH CT MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GEORGE 17321 NW 66TH CT MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIS, SYLVIA 17321 NW 66TH CT MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCNAUGHTON, RUTH 17321 NW 66TH CT MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMIREZ, ARMANDO 17321 NW 66TH COURT MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 information.			
SIGNATURE: Sylvia Ellis SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-20-05 (305) 821-9923	