

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L19000107133

**Entity Name:** MOONTIDE CONDO RENTALS, LLC

**Current Principal Place of Business:**

4139 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

4139 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169 US

**FEI Number:** 83-4571917

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBINS, ROBERT  
1206 SOUTH RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name PATTERSON, VERONICA  
Address 4139 S ATLANTIC AVE E  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title PARTICIPANT  
Name KIRKPATRICK, MARIA  
Address 3955 IRMA SHORES DRIVE  
City-State-Zip: ORLANDO FL 32817

Title PARTICIPANT  
Name KIRKPATRICK, LANNY  
Address 3955 IRMA SHORES DRIVE  
City-State-Zip: ORLANDO FL 32817

Title PARTICIPANT  
Name RESSLER, ROBERT  
Address 42 COQUINA LAKE WAY  
City-State-Zip: ORMOND BEACH FL 32174

Title PARTICIPANT  
Name RESSLER, BARBARA  
Address 42 COQUINA LAKE WAY  
City-State-Zip: ORMOND BEACH FL 32174

Title STEERING COMMITTEE MEMBER  
Name DRUSCHEL, PATRICIA  
Address 5460 CRAIN FEATHER DR  
City-State-Zip: PORT ORANGE FL 32128

Title RENTAL COORDINATOR  
Name BUCHANAN, MELONEY  
Address 4139 SOUTH ATLANTIC AVENUE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title CHAIRMAN  
Name BRIOLA, FRANK  
Address 111 VIA LUGANE  
City-State-Zip: WINTER PARK FL 32789

**Continues on page 2**

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VERONICA PATTERSON

**MANAGER**

**05/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           PARTIPANT  
Name           NEWMAN, CHRISTINA  
Address        4573 OLD CARRIAGE TRAIL  
City-State-Zip: OVIEDO FL 32714

Title           PARTICIPANT  
Name           OPPENHEIM, MARK  
Address        5311 WILDWOOD CREEK WAY  
City-State-Zip: SPRING TX 77379

Title           PARTICIPANT  
Name           FRALEY, DEBORAH  
Address        1111 YORKTOWN PLACE  
City-State-Zip: DELAND FL 32720

Title           PARTICIPANT  
Name           MUNSEY, TAMARA  
Address        261 MINORCA BEACH WAY, #306  
City-State-Zip: NEW SMYRNA BEACH FL 32169