2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90235 001 ****61.25

DOCUMENT # 703248

1. Entity Name
MOON LAKE CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9726 MOON LAKE ROAD NEW PORT RICHEY, FL 34654	9726 MOON LAKE ROAD NEW PORT RICHEY, FL 34654

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03292006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2307284 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THEODORE, JARRETT R
9522 GATUN ST
NEW PORT RICHEY, FL 34654

7. Name and Address of New Registered Agent

Name: SUSAN L. APLIN
Street Address (P.O. Box Number is Not Acceptable): 9906 Sholtz Street
City: New Port Richey FL Zip Code: 34654

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: Susan Aplin — Susan Aplin — 4/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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 JARRETT, THEODORE R 9522 GATWN STREET NEW PORT RICHEY, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Aplin Susan. L 9906 Sholtz St New Port Richey FL 34654	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, JACKIE 9425 PENROSE COURT NEW PORT RICHEY, FL 34654	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice president Thompson, Jackie 9425 Penrose Court New port Richey FL 34654	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEXEMER, LEROY C 9820 SHERYL DR NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hexemer, Leroy C 9820 Sheryl Dr Newport Richey FL 34654	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERMESA, LORETTA 9853 CARDY STREET NEW PORT RICHEY, FL 34654	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lad Dubovsky 11654 Telford St. New port Richey, FL 34654	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ERISMAN, JACK 9906 SHOLTZ ST NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ERISMAN, JACK 9906 Sholtz St New port Richey FL 34654	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRAMER, ETHEL 9846 CARDY ST NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRAMER, Ethel 9846 Cardy St New port Richey, FL 34654	☐ Change ☐ Addition

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: Susan Aplin — Susan Aplin — 4/28/06 — 856-3374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #