


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90076 041 ****61.25

DOCUMENT # 703248 1. Entity Name MOON LAKE CIVIC ASSOCIATION, INC.					
Principal Place of Business 9726 MOON LAKE ROAD NEW PORT RICHEY, FL 34654			Mailing Address 9726 MOON LAKE ROAD NEW PORT RICHEY, FL 34654		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2307284	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APLIN, SUSAN L 9906 SHOLTZ ST NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLIN, SUSAN L			NAME	
STREET ADDRESS	9906 SHOLTZ ST			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JACKIE			NAME	
STREET ADDRESS	9425 PENROSE COURT			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEXEMER, LEROY C			NAME	
STREET ADDRESS	9820 SHERYL DR			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEREMER, LEROY C			NAME	Lad Dubovskiy
STREET ADDRESS	9320 SHERYL DR			STREET ADDRESS	10854 Telford St
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			CITY-ST-ZIP	NPR FL 34654
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERISMAN, JACK			NAME	
STREET ADDRESS	9906 SHOLTZ ST			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, ETHEL			NAME	
STREET ADDRESS	9846 CARDY ST			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			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: <i>Susan Aplin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/19/07 856-3374 <small>Date Daytime Phone #</small>	