

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90031 034 ****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**

50000441



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2307284

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**APLIN, SUSAN L
9906 SHORTZ ST
NEW PORT RICHEY, FL 34654**

Name **Florence Dickinson**

Street Address (P.O. Box Number is Not Acceptable)
9928 Sholtz St.

City **New Port Richey FL 34654-3925**

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

Florence S. Dickinson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-08

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **P** ☒ Delete
NAME **APLIN, SUSAN L**
STREET ADDRESS **9906 SHOLTZ ST**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **P** ☒ Change ☐ Addition
NAME **Florence Dickinson**
STREET ADDRESS **9928 Sholtz St.**
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **VP** ☐ Delete
NAME **THOMPSON, JACKIE**
STREET ADDRESS **9425 PENROSE COURT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HEXEMER, LEROY C**
STREET ADDRESS **9820 SHERYL DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **D** ☒ Change ☐ Addition
NAME **William DeLuca**
STREET ADDRESS **9959 Sholtz St.**
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **D** ☐ Delete
NAME **DUBOVSKY, LAD**
STREET ADDRESS **10854 TELFORD ST**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ERISMAN, JACK**
STREET ADDRESS **9906 SHOLTZ ST**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CRAMER, ETHEL**
STREET ADDRESS **9846 CARDY ST**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Florence S. Dickinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-08