## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 703248  1. Entity Name MOON LAKE CIVIC ASSOCIATION,	INC.			03-20-	2008 90031			
Principal Place of Business 9726 MOON LAKE ROAD NEW PORT RICHEY, FL 34654	Mailing Address 9726 MOON LAKE ROA NEW PORT RICHEY, FL				5(	10004	41	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		8 Chg-NP	CR2E0	37 (12/06)		
City & State	City & State	City & State		nber 807284			oplied For	
Zip Country	Zip	Country		ate of Status Des	sired 🔲	\$8.75 Add		
6. Name and Address of Current	 Registered Agent		7. Name a	nd Address of	New Registered			
		Name						
-APLIN, SUSAN L 9906 SHORTZ ST NEW PORT RICHEY, FL 34654		Street A	Street Address (P.O. Box Alumber is Not Acceptable)					
		City	New Por	t Richey	FL	3489	4-3925	
<ol><li>The above named entity submits this statement to the obligations of registered agent.</li></ol>	or the purpose of changing its	registered office or	registered agent, or	both, in the State	e of Florida. I am	familiar with,	and accept	
Hi a	10.06°				0 , 7	- 01	•	
SIGNATURE Signature, typed or printed name of registered agent	AUCKUIO t and title if applicable. (NOTE		ore required when reinstating)		3-17 DATE	-08		
Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signati			DATE .			
	and title if applicable. (NOTE	Registered Agent signate	standard when reinstating)  \$5.00 May Added to Fe		DATE .	k payable t	0	
Filling Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	Registered Agent signaling and ribution.	S5.00 Ma Added to Fe	es	Make chec	k payable t	o tate	
Filling Fee is \$61.25 Due by May 1, 2008  10. OFFICERS AND DII	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 Ma Added to Fe	CHANGES TO O	Make chec Florida Depa FFICERS AND D	k payable t	o tate	
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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.

and the same

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-08

Daytime Phone #