

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703248

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: MOON LAKE CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

9726 MOON LAKE ROAD  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

9726 MOON LAKE ROAD  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

FEI Number: 59-2307284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DICKINSON, FLORENCE  
9928 SHOLTZ ST  
NEW PORT RICHEY, FL 34654 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DICKINSON, FLORENCE  
Address: 9928 SHOLTZ ST  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP ( ) Delete  
Name: THOMPSON, JACKIE  
Address: 9425 PENROSE COURT  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete  
Name: DELUCA, WILLIAM  
Address: 9959 SHOLTZ ST  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete  
Name: DUBOVSKY, LAD  
Address: 10854 TELFORD ST  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T ( ) Delete  
Name: ERISMAN, JACK  
Address: 9906 SHOLTZ ST  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S ( ) Delete  
Name: CRAMER, ETHEL  
Address: 9846 CARDY ST  
City-St-Zip: NEW PORT RICHEY, FL 34654

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: STEIN, HARVEY  
Address: 12445 CLEAR LAKE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK ERISMAN

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date