2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2004 8:00 am Secretary of State 03-05-2004 90018 034 ****61.25

DOCUMENT # 737507 1. Entity Name MOON BAY CONDOMINIUM, INC.			03	3-05-2004 90018 034	****61.25	
Principal Place of Business 104350 OVERSEAS HWY KEY LARGO, FL 33037	OVERSEAS HWY 104350 OVERSEAS HWY			94025017		
2. Principal Place of Business	3. Mailing Address	··				
Suite, Apt. #, etc.	#. etc. Suite, Apt. #, etc.		01082004 Ch	ng-NP CR2E037	(10/03)	
City & State	City & State		4. FEI Number 59-179759	3	Applied For Not Applicable	
Zip Country	Zip	Country		\$8	3.75 Additional	
6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New Registered Age		
PERSAUD, SAMUEL A 1320 S. DIXIE HWY. #715		Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES, FL 33146						
		City		FL	Zip Code	
8. The above named entity submits this statement for	the purpose of changing its re	egistered office or re	gistered agent, or both, in t		niliar with, and accept	
the obligations of registered agent.		•				
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signature re	enured when reinstations	DATE	;	
Filing Fee is \$61.25 9. Election Campaig Due by May 1, 2004 Trust Fund Contril			\$5.00 May Be Added to Fees	Florida Departm		
			ADDITIONS/CHANGE	S TO OFFICERS AND DIREC		
TITLE P NAME HOOPER, BEVERLY	☐ Delete	TITLE NAME		L	Change Addition	
STREET ADDRESS 300 WOODS AVE CITY-ST-ZIP TAVERNIER, FL 33070		STREET ADDRESS CITY-ST-ZIP				
TITLE TD	Delete		70		Change Addition	
NAME SCHILEGEL, DONALD STREET ADDRESS 189014 S 113TH AVE		NAME STREET ADDRESS	oreaver, car	57a St.		
CITY-ST-ZIP MOKENA, IL 60448		CITY-ST-ZIP	TO Dreaver Lai 132 Tarpor Tavernier, 1 19 19 19 19 18 Autumn Ho	FL 33070		
NAME KAHLER, SARA	Delete 🗻	TITLE	Paudovsky-6	Pavid= - 5	Change Addition	
STREET ADDRESS 4446 BETHEL RD.		STREET ADDRESS Z	45 autumn' H	ilicrescent		
CITY-ST-ZIP FLOYDS KNOBS, IN 47119	Delete	CITY-ST-ZIP K	itchever, Own	tario CANADA	Change Addition	
NAME KING, ROBERT	2 20,000	NAME		_		
STREET ADDRESS 104350 D.S.H TH-15 CITY-ST-ZIP KEY LARGO, FL 33037		STREET ADDRESS CITY-ST-ZIP			,	
TITLE ATL	A Delete	TITLE	IT L	Navdo .	Change Addition	
NAME LIVOTI, ROBERT STREET ADDRESS 275 SPRUCEWOOD DRIVE		NAME G	visasola, fer 3735 SW 83	ra Court		
CITY-ST-ZIP LEVITTOWN, NY 11756	<u>;</u>	CITY-ST-ZIP	liami, FL 3.	3158		
NAME SEE SEE	Delete	NAME	i e e e e e e e e e e e e e e e e e e e	. L	Change Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			v k	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplier ental 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 distrustee 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, will all other like empowered.						
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #						