

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90959 030 ****61.25

DOCUMENT # 737507

1. Entity Name

MOON BAY CONDOMINIUM, INC.



Principal Place of Business

**104350 OVERSEAS HWY
KEY LARGO FL 33037**

Mailing Address

**104350 OVERSEAS HWY
KEY LARGO FL 33037**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1797593**

Applied For

Not Applicable

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

**PERSAUD, SAMUEL A
1320 S. DIXIE HWY. #715
CORAL GABLES FL 33146**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **HOOPER, BEVERLY**
STREET ADDRESS **P.O. BOX 8461**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Change ☐ Addition
NAME **President**
STREET ADDRESS **Hooper, Beverly**
CITY-ST-ZIP **300 Woods Ave**
Tavernier, FL 33070

TITLE **TD** ☐ Delete
NAME **SCHILEGEL, DONALD**
STREET ADDRESS **189014 S. 113TH AVE**
CITY-ST-ZIP **MOKENA IL 60448**

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

TITLE **VD** ☐ Delete
NAME **PEREZ, ADOLFO**
STREET ADDRESS **4821 S.W. 154TH AVE**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **Kahler, Sara**
CITY-ST-ZIP **4446 Bettel Rd**
Flayds Knobs, IN 47119

TITLE **SD** ☐ Delete
NAME **KING, ROBERT**
STREET ADDRESS **104350 D.S.H TH-15**
CITY-ST-ZIP **KEY LARGO FL 33037**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **At-Large**
STREET ADDRESS **Civotti, Robert**
CITY-ST-ZIP **215 Sprucewood Drive**
Levittown, NY 11756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: BEVERLY HOOPER **2/13/03** **305-852-2962**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)