


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

02-04-2005 90049 031 ****61.25

| | | |
|---|---|--|
| DOCUMENT # 745227 1. Entity Name MOODY PLACE CONDOMINIUM, INC. | |  |
| Principal Place of Business 1011 S. MOODY AVE.; #12 TAMPA, FL 33629 | Mailing Address 1011 S. MOODY AVE., #12 TAMPA, FL 33629 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent ROACH, CHRISTINA NORRIS, TERESA 1011 S. MOODY AVE., #12-22 TAMPA, FL 33629 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$81.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROACH, CHRISTINA ARUNDA, AMANDA JANE 1011 S. MOODY AVE., #12-14 TAMPA, FL 33629 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TIPTON, DOUG CPA 810 S BOULEVARD TAMPA, FL 33609 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SOUSA, JOEL NORRIS, TERESA 3648 W. TACON 1011 S. MOODY AVE #22 TAMPA, FL 33629 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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: <i>Teresa L. Davis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <i>4/27/05</i> (813) 956-1177 <small>Date Daytime Phone #</small> |

66016405



01312005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-1888268 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |