




**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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	 01112006 No Chg-NP CR2E037 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 59-1888268</td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-1888268	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent NORRIS, TERESA 1011 S. MOODY AVE., #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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																										
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">S</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">ARUNDAR, AMANDA J</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">1011 S. MOODY AVE., #14</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">TAMPA, FL 33629</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">TD</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">TIPTON, DOUG CPA</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">610 S BOULEVARD</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">TAMPA, FL 33609</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;">P</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">NORRIS, TERESA</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">1011 S. MOODY AVE., #22</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">TAMPA, FL 33629</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>		TITLE	S	NAME	ARUNDAR, AMANDA J	STREET ADDRESS	1011 S. MOODY AVE., #14	CITY-ST-ZIP	TAMPA, FL 33629	TITLE	TD	NAME	TIPTON, DOUG CPA	STREET ADDRESS	610 S BOULEVARD	CITY-ST-ZIP	TAMPA, FL 33609	TITLE	P	NAME	NORRIS, TERESA	STREET ADDRESS	1011 S. MOODY AVE., #22	CITY-ST-ZIP	TAMPA, FL 33629	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE <div style="text-align: left; margin-top: 20px;">(100000389687 01/20/06-80056-013 61.25</div>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DOUGLAS E. TIPTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2/10/06 <small>Daytime Phone #</small>																																								