2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748775

FILED Apr 27, 2009 Secretary of State

Entity Name: MOONLIGHT BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:			
615 CAPE	ICAN CONDO I CORAL PKWY RAL, FL 33914					
Current Mailing Address:			New Mailing	New Mailing Address:		
615 CAPE	ICAN CONDO I CORAL PKWY RAL, FL 33914					
FEI Number:	59-2417388	FEI Number Applied For ()	FEI Number Not Applica	ble () Certificate of Status Desired ()		
Name and	Address of Cu	rrent Registered Agent:	Name and A	ddress of New Registered Agent:		
CAPE COF	CORAL PKWY RAL, FL 33914	US				
in the State		iomits this statement for the p	urpose or changing its i	registered office or registered agent, or both,		
SIGNATUR						
Electronic Signature of Registered Agent			nt	Date		
OFFICERS AND DIRECTORS:			ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TD () E GAYLOR, HOWA 4924 TUDOR DR CAPE CORAL, FI	IVE #104	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SD () E VANDENBERG, F 4924 TUDOR DR CAPE CORAL, FI	IVE #105	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PD () E SUBY, MARK 103 SW 58TH TE CAPE CORAL, FI		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () E ROSKE, DENNIS 4924 TUDOR DR CAPE CORAL, FI	#201	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ()E MULOCK, DONAI 4924 TUDOR DR CAPE CORAL, FI	#204	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: MARK SUBY PRES 04/27/2009