

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 751093 1. Entity Name MOONWATER BAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1010 PASSA A GRILLE WAY, #4 ST. PETERSBURG, FL 33706		Mailing Address 1010 PASSA A GRILLE WAY, #4 ST. PETERSBURG, FL 33706	
2. Principal Place of Business 15503 Berenson Pl. Suite, Apt. #, etc. TAMPA, FLA		3. Mailing Address 15503 Berenson Pl. Suite, Apt. #, etc. TAMPA, FLA	
City & State TAMPA, FLA		City & State TAMPA, FLA	
Zip 33647		Country USA	
4. FEI Number 59-2168862		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTER E. SMITH 1301 ST. PETERSBURG, FL ST PETERSBURG, FL 33701 <i>CHANGE</i>		7. Name and Address of New Registered Agent Name <u>THOMAS G. HENRY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1010 PASSAGRILLE WAY #2</u> City <u>ST. Petersburg</u> <u>FL</u> Zip Code <u>33706</u>	
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 <u>Thomas G. Henry</u> <u>THOMAS G. HENRY</u> <u>11/25/04</u> Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <u>D</u> ☒ Delete NAME <u>FEDERICO, PHIL</u> STREET ADDRESS <u>1010 PASS A GRILLE WAY 4</u> CITY-ST-ZIP <u>ST. PETERSBURG, FL 33706</u>	TITLE <u>VD</u> ☒ Change ☐ Addition NAME <u>WESSON, SUZANNE</u> STREET ADDRESS <u>1010 Passagrille Way #1</u> CITY-ST-ZIP <u>ST. PETERSBURG, FL 33706</u>	TITLE <u>STD</u> ☒ Delete NAME <u>FEDERICO, JEANNE</u> STREET ADDRESS <u>1010 PASS A GRILLE WAY 4</u> CITY-ST-ZIP <u>ST. PETERSBURG, FL 33706</u>	TITLE <u>STD</u> ☒ Change ☐ Addition NAME <u>CIONCI, KAREN</u> STREET ADDRESS <u>15503 Berenson Pl.</u> CITY-ST-ZIP <u>TAMPA, FL 33647</u>
TITLE <u>PD</u> ☐ Delete NAME <u>HENRY, TOM</u> STREET ADDRESS <u>1010 PASSAGRILLE WAY #2</u> CITY-ST-ZIP <u>SAINT PETERSBURG, FL 33706</u> <i>No change</i>	TITLE <u>PD</u> ☐ Change ☐ Addition NAME <u>HENRY, TOM</u> STREET ADDRESS <u>1010 Passagrille Way #2</u> CITY-ST-ZIP <u>SAINT PETERSBURG FL 33706</u>	TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	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: <u>Thomas G. Henry</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>11/25/04</u> (813) 310-3142 Date Daytime Phone #	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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