

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90024 025 ****61.25

DOCUMENT # 751093

1. Entity Name

MOONWATER BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

15503 BERENSON PLACE
TAMPA FL 33647
US

Mailing Address

15503 BERENSON PLACE
TAMPA FL 33647
US



2. Principal Place of Business

15503 Berenson Pl.

3. Mailing Address

15503 Berenson Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33647

Country

USA

Zip

33647

Country

USA

1st MOORE

CR2E037 (10/05)

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

HENRY, THOMAS G
1010 PASSAGRILLE WAY #2
ST PETERSBURG FL 33706

7. Name and Address of New Registered Agent

Name

Thomas G. Henry

Street Address (P.O. Box Number is Not Acceptable)

1010 Pass Agrille Way #2

City

St. Petersburg

FL

Zip Code

33706

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
Due By May 1, 2006

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WESSON, SUZANNE
1010 PASS A GRILLE WAY 4
ST. PETERSBURG FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CIONCI, KAREN
15503 BERENSON PL
TAMPA FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HENRY, TOM
1010 PASSAGRILLE WAY #2
SAINT PETERSBURG FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 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:

Thomas G. Henry

3/14/06