

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90013 032 \*\*\*\*61.25

**DOCUMENT # 751093**

1. Entity Name

MOONWATER BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

16425 BURNISTON DRIVE  
TAMPA FL 33647  
US

Mailing Address

16425 BURNISTON DRIVE  
TAMPA FL 33647  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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 PASS A GRILLE WAY #2  
ST PETERSBURG FL 33706

7. Name and Address of New Registered Agent

Name GARY LONG

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

1010 PASS A GRILLE 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

Gary Long

Signature, typed or printed name of registered agent and true and applicable.

(NOTE: Registered Agent signature required when reinstating)

2-6-08

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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          | <u>VICE PRESIDENT</u>                 | <input type="checkbox"/> Delete            |
| NAME           | WESSON, SUZANNE                       |                                            |
| STREET ADDRESS | 1010 PASS A GRILLE WAY #1             |                                            |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33706               |                                            |
| TITLE          | <u>STB TREASURER</u>                  | <input type="checkbox"/> Delete            |
| NAME           | CIONCI, KAREN                         |                                            |
| STREET ADDRESS | 15503 BERENSON PL 16425 BURNISTON DR. |                                            |
| CITY-ST-ZIP    | TAMPA FL 33647 TAMPA FL 33647         |                                            |
| TITLE          | <u>PD</u>                             | <input checked="" type="checkbox"/> Delete |
| NAME           | HENRY, THOMAS G                       |                                            |
| STREET ADDRESS | 1010 PASSAGRILLE WAY #2               |                                            |
| CITY-ST-ZIP    | SAINT PETERSBURG FL 33706             |                                            |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |                                            |
| STREET ADDRESS |                                       |                                            |
| CITY-ST-ZIP    |                                       |                                            |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |                                            |
| STREET ADDRESS |                                       |                                            |
| CITY-ST-ZIP    |                                       |                                            |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |                                            |
| STREET ADDRESS |                                       |                                            |
| CITY-ST-ZIP    |                                       |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |                                                                              |
|----------------|-----------------------------|------------------------------------------------------------------------------|
| TITLE          | <u>SECRETARY</u>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SUZANNE Ellsworth #         |                                                                              |
| STREET ADDRESS | 1010 PASS A GRILLE WAY 4    |                                                                              |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33706     |                                                                              |
| TITLE          | <u>GARY LONG, President</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           |                             |                                                                              |
| STREET ADDRESS | 1010 PASS A GRILLE WAY #2   |                                                                              |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33706     |                                                                              |
| TITLE          | <u>TREASURER</u>            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | KAREN Cionci                |                                                                              |
| STREET ADDRESS | 16425 BURNISTON DR.         |                                                                              |
| CITY-ST-ZIP    | TAMPA FL 33647              |                                                                              |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |                                                                              |
| STREET ADDRESS |                             |                                                                              |
| CITY-ST-ZIP    |                             |                                                                              |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |                                                                              |
| STREET ADDRESS |                             |                                                                              |
| CITY-ST-ZIP    |                             |                                                                              |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Karen Cionci

1/30/08 813 3900270