

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751093

FILED
Jan 28, 2009
Secretary of State

Entity Name: MOONWATER BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16425 BURNISTON DRIVE
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

16425 BURNISTON DRIVE
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-2168862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, GARY
1010 PASS A GRILLE WAY #2
ST PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WESSON, SUZANNE
Address: 1010 PASS A GRILLE WAY 1
City-St-Zip: ST. PETERSBURG, FL 33706

Title: T () Delete
Name: CIONCI, KAREN
Address: 16425 BURNISTON DR
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: ELLSWORTH, SUZANNE
Address: 1010 PASS A GRILLE WAY 4
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: P () Delete
Name: LONG, GARY
Address: 1010 PASS A GRILWE WAY 2
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: T () Delete
Name: CIONCI, KAREN
Address: 16425 BURNISTON DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: LONG, GARY
Address: 1010 PASS A GRILLE WAY 2
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: T (X) Change () Addition
Name: CIONCI, KAREN
Address: 1010 PASS A GRILLE WAY 3
City-St-Zip: SAINT PETERSBURG, FL 33706

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: KAREN CIONCI

T

01/28/2009

Electronic Signature of Signing Officer or Director

Date