FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 759936

1. Corporation Name

MORAN GROVES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3107 RESEDA CT. TAMPA FL 33618	3107 RESEDA CT. TAMPA FL 33618

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	09/08/1981

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2128663	Applied For Not Applicable

City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRADO. PATRICIA B. 610 WNTAER AVE STE I TAMPA FL 33604	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 610 W. Waters Ave 83 Ste I 84 City Tampa FL 85 Zip Code 33604

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _Patricia B. Prado, Pres., Treas._   April 26, 1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GLISSON, RANDY		1.2 NAME	
STREET ADDRESS	3112 RESEDA CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOCK, WENDELL		2.2 NAME	
STREET ADDRESS	3105 RESEDA CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE P/T/D	☒Change ☐ Addition
NAME	PRADO, PATRICIA B.		3.2 NAME	
STREET ADDRESS	3107 RESEDA CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE V/D	☐ Change ☒Addition
NAME			4.2 NAME Fortner, Karen	
STREET ADDRESS			4.3 STREET ADDRESS 3113 Reseda ct	
CITY-ST-ZIP			4.4 CITY-ST-ZIP Tampa FL 33618	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: _Patricia B. Prado_   4/26/99   813-932-8965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #