

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759936

FILED
Apr 30, 2004
Secretary of State**Entity Name:** MORAN GROVES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3107 RESEDA CT.
TAMPA, FL 33618**New Principal Place of Business:****Current Mailing Address:**3107 RESEDA CT.
TAMPA, FL 33618**New Mailing Address:****FEI Number:** 59-2128663**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PRADO, PATRICIA B.
3107 RESEDA CT
TAMPA, FL 33618 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:** VD () Delete
Name: CORRAO, NANCY
Address: 3119 RESEDA CT.
City-St-Zip: TAMPA, FL 33618**Title:** SD () Delete
Name: PERRY, DIANE
Address: 3115 RESEDA CT
City-St-Zip: TAMPA, FL 33618**Title:** PTD () Delete
Name: PRADO, PATRICIA B.,
Address: 3107 RESEDA CT.
City-St-Zip: TAMPA, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VD (X) Change () Addition
Name: CORRAO, NANCY
Address: 3119 RESEDA CT.
City-St-Zip: TAMPA, FL 33618**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PTD (X) Change () Addition
Name: PRADO, PATRICIA B.,
Address: 3107 RESEDA CT.
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA B. PRADO

PT

04/30/2004

Electronic Signature of Signing Officer or Director

Date