

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759936

FILED
Apr 28, 2006
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: MOORE, STEPHANIE
Address: 3117 RESEDA CT.
City-St-Zip: TAMPA, FL 33618

Title: SD () Delete
Name: HOCK, DEBRA
Address: 3105 RESEDA CT
City-St-Zip: TAMPA, FL 33618

Title: PTD () Delete
Name: PRADO, PATRICIA B
Address: 3107 RESEDA CT.
City-St-Zip: TAMPA, FL 33618

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOWELL, JEAN
Address: 3122 RESEDA CT.
City-St-Zip: TAMPA, FL 33618

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

Title: TD (X) Change () Addition
Name: PRADO, PATRICIA B
Address: 3107 RESEDA CT.
City-St-Zip: TAMPA, FL 33618

Title: VD () Change (X) Addition
Name: CORRAO, NANCY
Address: 3119 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 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: PATRICIA B. PRADO

TD

04/28/2006

Electronic Signature of Signing Officer or Director

Date