2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #759964 1. Entity Name THE MOORS MASTER MAINTENANCE ASSOCIATION, INC.



FILED Jan 18, 2007 8:00 am Secretary of State

01-18-2007 90115 031 ****61.25

Surface of Business	INC.			TEST											
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BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326 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 and replaced agent. SIGNATURE Signature	Zip		Country	Zip Cos			ıntry								
BROUGH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326 City FL Zip Code 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 FILING Fee Is \$81.25 Due by May 1, 2007 PILIE TO COFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME GRAVELINE, DAVE 17321 NW 66 CT TITLE VP MAMI, FL 33015 TITLE NAME STRET ADDRESS TITLE NAME STRET ADDRESS TITLE NAME MAME STRET ADDRESS TITLE NAME MAMI, FL 33015 TITLE NAME STRET ADDRESS CITY-ST-2P MAMI, FL 33015 TITLE NAME STRET ADDRESS TITLE SD MAMI, FL 33015 TITLE NAME STRET ADDRESS TITLE SD STRET ADDRESS TITLE SD		6. Name	and Address of Current	Registered	l Agent				7. Name an	d Addı	ess of New R	egistered	Agent		
B. 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 Signature Description Descri								ddress (l	P.O. Box Num	ber is N	lot Acceptable	e)			
E. 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 Signature	WESTON,	FL 33326	i												
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Signature, hyperal or permised rame of legativesd agent and tilled in applicable															
Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE .		or printed name of registered agent	and title if appli	cable. (NOTE	: Registere	d Agent signatu	re required	when reinstating)			DATE			
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		certify that the	information supplied with	n this filing o	does not qualify fo			ontained	I in Chapter 1	19, Flori	ida Statutes. I	further ce	ertify that the in	nformation	

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 on other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07

Date

Daytime Phone #