

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90046 049 ****61.25

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1. Entity Name
**THE MOORS MASTER MAINTENANCE ASSOCIATION,
INC.**



Principal Place of Business
**17321 NW 66 CT
MIAMI, FL 33015 US**

Mailing Address
**C/O THE CONTINENTAL GROUP INC.
11981 SW 144 COURT, STE 201
MIAMI, FL 33186 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2165765

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROUGH, CHADROW & LEVINE, P.A.
1900 NORTH COMMERCE PARKWAY
WESTON, FL 33326**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	X Directors	<input type="checkbox"/> Delete
NAME	GRAVELINE, DAVE	
STREET ADDRESS	17321 NW 66 CT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCNAUGHTON, RUTH	
STREET ADDRESS	17361 NW 66 CT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	X President	<input type="checkbox"/> Delete
NAME	BETHEL, DEIDRE	
STREET ADDRESS	17321 NW 66 CT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	X Vice-President	<input type="checkbox"/> Delete
NAME	SILVERA, DONNA	
STREET ADDRESS	17321 NW 66 CT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	X Treasurer	<input type="checkbox"/> Delete
NAME	SANCHEZ, ANTONIO	
STREET ADDRESS	17321 NW 66 CT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	Director	<input type="checkbox"/> Delete
NAME	George Miller	
STREET ADDRESS	17321 NW 66 CT	
CITY-ST-ZIP	MIAMI, FL 33015	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE:

Donna Silvera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #