2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State
03-27-2006 90265 019 ****61.25

DOCUMENT # N00000005161

1. Entity Name

MOSS CREEK OF HILLSBOROUGH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O STERLING MGMT. ~~2880 SCHERER DR. N, #840~~ SAINT PETERSBURG FL 33716	C/O STERLING MGMT. ~~2880 SCHERER DR. N, #840~~ SAINT PETERSBURG FL 33716

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. ~~Sterling Management Services~~ ~~2870 Scherer Drive N., Suite 100~~	Suite, Apt. #, etc. ~~Sterling Management Services~~ 2870 Scherer Drive N., Suite 100.
City & State ~~St. Petersburg, FL 33716~~	City & State St. Petersburg, FL 33716
Zip / Country	Zip / Country

4. FEI Number 59-3692113 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COTTERILL, RONALD ~~400 N TAMPA ST STE 2625~~ TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) 1010 N. FLORIDA AVE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISJE, CAMERON 11117 BRIDGECREEK DR. RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANDRA GORMAN 10805 MOSS ISLAND DR. RIVERVIEW, FL. 33569	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIBBLE, BUTCH 10734 MOSS ISLAND DR. RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. DAVE DRIVER 10730 MOSS ISLAND DR. RIVERVIEW, FL. 33569	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, CHARLES 11145 BRIDGECREEK DR RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEVE ADAMS 10736 MOSS ISLAND DR. RIVERVIEW, FL. 33569	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HALEY, KATHRYN 10725 MOSS ISLAND DR. RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARBARA BIDOT 10812 MOSS ISLAND DR. RIVERVIEW, FL. 33569	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WALTER, JOSEPH 11135 BRIDGECREEKD R. RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JIM MALONEY 10738 MOSS ISLAND DR. RIVERVIEW, FL. 33569	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David Driver V.P. 3/13/6 813-677-6081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #