

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90064 002 ****61.25

DOCUMENT # N00000005161	
1. Entity Name MOSS CREEK OF HILLSBOROUGH HOMEOWNERS ASSOCIATION, INC.	



Principal Place of Business 1463 OAKFIELD DR. SUITE 142 BRANDON, FL 33511	Mailing Address MCNEIL MGMT. SERVICES INC. PO BOX 6235 BRANDON, FL 33508
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40000000



03122008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3692113	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TANKEL, ROBERT 1022 MAIN ST. SUITE D DUNEDIN, FL 34698	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	GORMAN, SANDRA
STREET ADDRESS	10805 MOSS ISLAND DR
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	DRIVER, DAVE
STREET ADDRESS	10730 MOSS ISLAND DR
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	ADAMS, STEVE
STREET ADDRESS	10736 MOSS ISLAND DR
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	BIDOT, BARBARA
STREET ADDRESS	10812 MOSS ISLAND DR
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MALONEY, JIM
STREET ADDRESS	10738 MOSS ISLAND DR
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gorman, Sandra
STREET ADDRESS	10805 Moss Island Dr.
CITY - ST - ZIP	Riverview, FL 33569
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Driver, Dave
STREET ADDRESS	10730 Moss Island Dr.
CITY - ST - ZIP	Riverview, FL 33569
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carter, Debra
STREET ADDRESS	10808 Moss Island Dr.
CITY - ST - ZIP	Riverview, FL 33569
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Ty
STREET ADDRESS	10729 Moss Island Dr.
CITY - ST - ZIP	Riverview, FL 33569
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	maloney, Jim
STREET ADDRESS	10738 Moss Island Dr.
CITY - ST - ZIP	Riverview, FL 33569
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: <i>David A. Driver</i>	DAVID A. DRIVER	3-15-08	813 416 7807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #