

02/21/06 90015 002 \$61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003894

1. Entity Name

MOSS PLACE HOMEOWNERS' ASSOCIATION, INC.



FILED

06 DEC 29 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 197043
WINTER SPRINGS, FL 32719

Mailing Address

PO BOX 197043
WINTER SPRINGS, FL 32719

2. Principal Place of Business

165 W. SR 434

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09262006

Chg-NP

CR2E037 (4/06)

City & State

Winter Springs FL

City & State

4. FEI Number

59-3509683

Applied For

Not Applicable

Zip

32708

Country

US

Zip

Country

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

G&B FLORIDA MANAGEMENT, INC.
165 W. SR 434
WINTER SPRINGS, FL 32708

Name PALMERSTON LLC

Street Address (P.O. Box Number is Not Acceptable)
165 W. SR 434

City WINTER SPRINGS

FL

Zip Code
32708

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MEREDITH SPINDLER	
STREET ADDRESS	102 RHODEN LN	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CATHERINE LOWE	
STREET ADDRESS	100 RHODEN LN	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

TITLE	T	<input type="checkbox"/> Delete
NAME	JASON SULLIVAN	
STREET ADDRESS	118 RHODEN LN	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

TITLE	S	<input type="checkbox"/> Delete
NAME	NEIL VALLE	
STREET ADDRESS	106 RHODEN LN	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

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

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

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		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

As per telephone conversation with Mr. Sharma

20 01/02