

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007635

FILED
Feb 03, 2009
Secretary of State

Entity Name: MOSS HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2515 PAR LANE
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

2515 PAR LANE
SEBRING, FL 33872

New Mailing Address:

FEI Number: 65-1152362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUBBS, RAYMOND A
2515 PAR LANE
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TUBBS, RAYMOND A
Address: 2515 PAR LANE
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: PARKER, JEFFREY
Address: 2519 DOG LEG DR.
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: TUBBS, MICHAEL
Address: 3445 TUBBS RD.
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: BRACKETT, DANIEL S
Address: 2066 14TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: BRACKETT, ROBERT A
Address: 2066 14TH AVE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND A TUBBS

D

02/03/2009

Electronic Signature of Signing Officer or Director

Date