2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# N02000003982

Entity Name: MOSS PARK MASTER HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

450 S ORANGE AVE 4TH FLOOR
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

450 S ORANGE AVE 4TH FLOOR
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 01-0709676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERLINSKY, JAY
450 S ORANGE AVE 4TH FLOOR
ORLANDO, FL 32801

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: BRUEHL, J ROGER
Address: 100 LAKE HART DR
City-St-Zip: ORLANDO, FL 328320100

Title: D ( ) Delete
Name: SWORD, DAVID B
Address: 100 LAKE HART DR
City-St-Zip: ORLANDO, FL 328320100

Title: D ( ) Delete
Name: LIPPS, ROBERT T
Address: 11221 JOHN WYCLIFF BLVD
City-St-Zip: ORLANDO, FL 32832

Title: D ( ) Delete
Name: FLANIKENS, FORREST W
Address: 11221 JOHN WYCLIFF BLVD
City-St-Zip: ORLANDO, FL 32832

Title: D ( ) Delete
Name: MEYER, MARK
Address: 450 S ORANGE AVE 4TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: RAUCCI, EMILY
Address: 450 S ORANGE AVE 4TH FLOOR
City-St-Zip: ORLANDO, FL 32801

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EMILY RAUCCI D 04/21/2004
Electronic Signature of Signing Officer or Director — Date