

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90335 019 ****61.25

DOCUMENT # N02000003982					
1. Entity Name MOSS PARK MASTER HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 450 S ORANGE AVE 4TH FLOOR ORLANDO, FL 32801			Mailing Address 450 S ORANGE AVE 4TH FLOOR ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address 1633 E. Vine St Suite 110 Kissimmee, FL Zip 34744 Country USA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 01-0709676	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERLINSKY, JAY 450 S ORANGE AVE 4TH FLOOR ORLANDO, FL 32801			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRUEHL, J ROGER		NAME		
STREET ADDRESS	100 LAKE HART DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328320100		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SWORD, DAVID B		NAME		
STREET ADDRESS	100 LAKE HART DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328320100		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LIPPS, ROBERT T		NAME		
STREET ADDRESS	11221 JOHN WYCLIFF BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32832		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FLANIKENS, FORREST W		NAME		
STREET ADDRESS	11221 JOHN WYCLIFF BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32832		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MEYER, MARK		NAME		
STREET ADDRESS	450 S ORANGE AVE 4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	RAUCCI, EMILY		NAME	Vjera Todaro	
STREET ADDRESS	450 S ORANGE AVE 4TH FLOOR		STREET ADDRESS	P.O. Box 4920	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	Orlando, FL 32802-4920	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____			Date: 4/26/04 Daytime Phone #: 407.835.3223		

attachment

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Moss Park Master Homeowners Assoc., Inc

Additional Board Member:

D

Jay Berlinksy

PO Box 4920

Orlando, FL 32802-4920