


FILED
Feb 10, 2005 8:00 am
Secretary of State

[illegible]

DOCUMENT # N04000003744						Secretary of State 02-10-2005 90046 036 ****61.25	
1. Entity Name MOODY RIVER ESTATES SINGLE FAMILY RESIDENTIAL NEIGHBORHOOD ASSOCIATION, INC.							
Principal Place of Business 12601 WESTLINKS DR, UNIT 7 FT MYERS, FL 33913				Mailing Address 12601 WESTLINKS DR, UNIT 7 FT MYERS, FL 33913			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY ST FT MYERS, FL 33901				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, 2005				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							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
V SHEA, JACK 12601 WESTLINKS DR, UNIT 7 FT MYERS, FL 33913 <input type="checkbox"/> Delete				V/D Same as Block 10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
ST THRON, DAN 12601 WESTLINKS DR, UNIT 7 FT MYERS, FL 33913 <input type="checkbox"/> Delete				ST/D Same as Block 10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				P/D Persichilli, Anthony 12601 Westlinks Dr., Unit 7 Fort Myers, FL 33913 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: <u>David Thron</u> DAVID THRON 2-1-05 239-768-3888							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							