2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N04000003744



FILED

Feb 10, 2005 8:00 am Secretary of State

1. Entity Name MOODY, RIVER ESTATES SINGLE FAMILY RESIDENTIAL NEIGHBORHOOD ASSOCIATION, INC.							(02-10-2005	90046 03	36 ****6	1.25	
12601 WESTLINKS DR, UNIT 7 1260				ing Address 601 Westlinks DR, Unit 7 Myers, FL 33913								
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc. S			Suit	Suite, Apt. #, etc.			01062005 _C	hg-NP	CR2E037	7 (10/03)		
City & State			City	City & State			4. FEI Number			<u> </u>	plied For	
Zip	ip Country		Zip		Country		5. Certificate of S	tatus Desired		8.75 Add	litional	
6. Name and Address of Current Registers			Registere	ed Agent			7. Name and Address of New Registered Agent					
					Name				•			
SHIELDS, CHRISTOPHER J 1833 HENDRY ST FT MYERS, FL 33901					Street A	Street Address (P.O. Box Number is Not Acceptable)						
I I WII LIKE	3,12 333	01				-						
				City			•		FL	Zip Cod	e	
	named entity tions of regist	y submits this statement for tered agent.	the purpo	ose of changing its re	egistered office o	r register	ed agent, or both, in	the State of F	lorida. Lam fa	amiliar with,	and accept	
SIGNATURE .												
	Signature, typed	d or printed name of registered agent a	and litte if appl	icable. (NOTE: F	Registered Agent signat	ure required	(when reinstating)		DATE			
	Filing Fe	ee is \$61.25 May 1, 2005	and lide if appl	9. Election Camp Trust Fund Co	paign Financing	0	\$5.00 May Be Added to Fees	Flo	Make check rida Depart	ment of S	tate	
10.	Filing Fe Due by N	e is \$61.25		9. Election Camp	paign Financing	0 ,	\$5.00 May Be Added to Fees	Flo	Make check rida Depart	ECTORS IN	tate	
10	Filing Fe Due by N	ee is \$61.25 May 1, 2005 OFFICERS AND DIR		9. Election Camp	paign Financing ontribution.	□ V/D	\$5.00 May Be Added to Fees	Flo	Make check rida Depart	ment of S	tate	
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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: >

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DANIEL THROW

239-768-3888

Daytime Phone #