


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90076 026 \*\*\*\*70.00

<b>DOCUMENT # N04000003744</b>	
1. Entity Name <b>MOODY RIVER ESTATES SINGLE FAMILY RESIDENTIAL NEIGHBORHOOD ASSOCIATION, INC.</b>	

Principal Place of Business <b>12601 WESTLINKS DR, UNIT 7 FT MYERS, FL 33913</b>	Mailing Address <b>12601 WESTLINKS DR, UNIT 7 FT MYERS, FL 33913</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>3050 Moody River Blvd</b>	3. Mailing Address <b>3050 Moody River Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>N. Fort Myers FL</b>	City & State <b>N. Fort Myers FL</b>
Zip <b>33903</b>	Zip <b>33903</b>
Country <b>USA</b>	Country <b>USA</b>



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>34-2032646</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SHIELDS, CHRISTOPHER J 1833 HENDRY ST FT MYERS, FL 33901</b>	
--	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WEIDIG, FRED</b> <b>12601 WESTLINKS DR, UNIT 7</b> <b>FT MYERS, FL 33913</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ATKINS, MARIA</b> <b>12601 WESTLINKS DR, UNIT 7</b> <b>FT MYERS, FL 33913</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SIEBERT, PEGGY</b> <b>12601 WESTLINKS DR, UNIT 7</b> <b>FORT MYERS, FL 33913</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ALAN S. FARRIOR</b> <b>3050 MOODY RIVER BLVD</b> <b>N. FORT MYERS FL 33903</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BRYAN TUCKER</b> <b>3050 MOODY RIVER BLVD</b> <b>N. FORT MYERS FL 33903</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JAMES DAVIS</b> <b>3050 MOODY RIVER BLVD</b> <b>N. FORT MYERS FL 33903</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** James W. Davis **JAMES W. DAVIS** Sec. 03/04/08 (334) 244-9930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #