

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-10-2005 90046 035 ****61.25

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01062005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000008603 1. Entity Name THE MOODY RIVER ESTATES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 12601 WEST LINKS DRIVE UNIT 7 FT MYERS, FL 33913			Mailing Address 12601 WEST LINKS DRIVE 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		
4. FEI Number				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT MYERS, FL 33901			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 _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	V SHEA, JACK 12601 WEST LINKS DRIVE UNIT 7 FT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Same as Block 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THRON, DAN 12601 WEST LINKS DRIVE UNIT 7 FT MYERS, FL 33913		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/D Same as Block 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Persichilli, Anthony 12601 Westlinks Drive Unit 7 Fort Myers, FL 33913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>Daniel Thron</i> DANIEL THRON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-1-05 Date		239-768-3888 Daytime Phone #