2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # N0400008603 1. Entity Name THE MOODY RIVER ESTATES COMMUNITY ASSOCIATION, INC.					04-30-2007	7 90823 015 **	***61.25	
			Address WEST LINKS DRIVE UNIT 7 ERS, FL 33913		, u -			
			<u> </u>					
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address	3. Mailing Address		B	#	3	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152007 C	hg-NP	CR2E037 (12/0	06)	
City & State		City & State		4. FEI Number 34-203263	39	_	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of St	tatus Desired	□ \$8.75 Fee Rec	Additional	
	6. Name and Address of Current	t Registered Agent	<u> </u>	7. Name and Add	ress of New R	Registered Agent		
SHIELDS CHRISTOPHER I			Name					
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT MYERS, FL 33901			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip	Code	
the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in	the State of Flo	orida. I am familiar v	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agen	II and title if applicable. (NOT)	E: Registered Agent signature requ	uired when reinstating)		DATE		
SIGNATURE			npaign Financing	\$5.00 May Be Added to Fees		DATE lake check payab ida Department o		
SIGNATURE	Signature, typed or printed name of registered agen	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	lake check payab	of State	
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2007	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG PD TEDWEN	Flor ES TO OFFICE LINKS	lake check payab ida Department o RS AND DIRECTOR	of State	
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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:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

139-425-8523 3.29.07

Daytime Phone #