

2008 NOT-FOR-PROF CORPORATION ANNUAL REPORT (AR)

2/6/2008-90023-023-\$61.25-\$61.25 *
9/3/2008-90006-009-\$61.25-\$61.25

DOCUMENT # N05000007039

1. Entity Name

MOON RANCH ESTATES PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business

655 MOON RANCH RD
SEBRING FL 33870

Mailing Address

655 MOON RANCH RD
SEBRING FL 33870

08 NOV -3 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

203159809

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAPP, GARY L
655 MOON RANCH RD
SEBRING FL 33870

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

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

TITLE D, P ☐ Delete
NAME RAPP, GARY L
STREET ADDRESS 655 MOON RANCH RD
CITY- ST- ZIP SEBRING FL 33870

TITLE D, S ☐ Delete
NAME RAPP, KATHLEEN G
STREET ADDRESS 655 MOON RANCH RD
CITY- ST- ZIP SEBRING FL 33870

TITLE D ☐ Delete
NAME MORRIS, TERRILL L
STREET ADDRESS 307 S COMMERCE AVE
CITY- ST- ZIP SEBRING FL 3870

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Gary L Rapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-08

Date

863-381-1441

Daytime Phone #

11/2/08