


FILED
Mar 06, 2006 8:00 am
Secretary of State

02-14-2006 90003 047 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000010859			
1. Entity Name MOORGATE POINT HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4501 TAMIAMI TRAIL NORTH STE 300 NAPLES, FL 34103		Mailing Address 4501 TAMIAMI TRAIL NORTH STE 300 NAPLES, FL 34103	
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 20-4397960		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIVEY, BLAINE 4501 TAMIAMI TRAIL NORTH STE 300 NAPLES, FL 34103		Name <u>STOCK COMMUNITY SERVICES, LLC</u> Street Address (P.O. Box Number is Not Acceptable) <u>4501 TAMIAMI TRAIL NORTH, Ste 300</u> City <u>NAPLES</u> FL Zip Code <u>34103</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <u>Sandra Houldsworth V.P. SCS SANDRA HOULDSWORTH 1-13-06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVEY, BLAINE	NAME	
STREET ADDRESS	4501 TAMIAMI TRAIL NORTH STE 300	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOULDSWORTH, SANDY	NAME	
STREET ADDRESS	4501 TAMIAMI TRAIL NORTH STE 300	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECHINGER, VALERIE	NAME	
STREET ADDRESS	4501 TAMIAMI TRAIL NORTH STE 300	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34103	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>Sandra Houldsworth</u>		Date <u>1-13-06</u> 239-261-9232	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01112006 Chg-NP CR2E037 (11/05)



ATTACHMENT

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

MOORGATE POINT HOMEOWNERS ASSOCIATION, INC.
4501 TAMIAMI TRAIL NORTH STE 300
NAPLES, FL 34103

Subject: ~~MOORGATE POINT HOMEOWNERS ASSOCIATION, INC.~~

Reference Number: **N05000010859**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION