

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010859

FILED
Mar 13, 2008
Secretary of State

Entity Name: MOORGATE POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4501 TAMIAMI TRAIL NORTH STE 300
NAPLES, FL 34103

New Principal Place of Business:

2647 PROFESSIONAL CIRCLE SUITE 1213
NAPLES, FL 34119

Current Mailing Address:

C/O STOCK COMMUNITY SERVICES, LLC
2647 PROFESSIONAL CIRCLE, SUITE 1213
NAPLES, FL 34119

New Mailing Address:

2647 PROFESSIONAL CIRCLE SUITE 1213
NAPLES, FL 34119

FEI Number: 20-4397960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOCK COMMUNITY SERVICES, LLC
4501 TAMIAMI TRAIL NORTH STE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

STOCK COMMUNITY SERVICES, LLC
2647 PROFESSIONAL CIRCLE SUITE 1213
NAPLES, FL 34119 US

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.

SIGNATURE:

03/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SPIVEY, BLAINE
Address: 4501 TAMIAMI TRAIL NORTH STE 300
City-St-Zip: NAPLES, FL 34103

Title: DV () Delete
Name: HOULDSWORTH, SANDY
Address: 4501 TAMIAMI TRAIL NORTH STE 300
City-St-Zip: NAPLES, FL 34103

Title: DST (X) Delete
Name: SCHECHINGER, VALERIE
Address: 4501 TAMIAMI TRAIL NORTH STE 300
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SPIVEY, BLAINE
Address: 2647 PROFESSIONAL CIRCLE SUITE 1213
City-St-Zip: NAPLES, FL 34119

Title: DV (X) Change () Addition
Name: HOULDSWORTH, SANDY
Address: 2647 PROFESSIONAL CIRCLE SUITE 1213
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY HOULDSWORTH

DV

03/13/2008

Electronic Signature of Signing Officer or Director

Date