

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002262

FILED
Apr 29, 2008
Secretary of State

Entity Name: MOFFETT PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

124 NE 3RD ST
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

124 NE 3RD ST
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 14-1954391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LISSABET, VIVIAN
1300 MOFFETT ST
#314
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: FERNANDEZ, DAVID
Address: P.O. BOX 1246
City-St-Zip: HALLANDALE, FL 33008

Title: ST () Delete
Name: RENDON, PATRICIA
Address: 1300 MOFFETT ST #310
City-St-Zip: HALLANDALE, FL 33009

Title: PD () Delete
Name: LISSABET, VIVIAN
Address: 1300 MOFFETT ST #314
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: FERNANDEZ, DAVID
Address: 124 N.E. 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: ST (X) Change () Addition
Name: RENDON, PATRICIA
Address: 124 N.E. 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: PD (X) Change () Addition
Name: LISSABET, VIVIAN
Address: 124 N.E. 3RD STREET
City-St-Zip: POMPANO BEACH, FL 33060

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: VIVIAN LISSABET

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date