

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09718

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** MOORS POINTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

17321 NW 66 CT  
MIAMI, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

11981 SW 144 COURT  
201  
MIAMI, FL 33186 US

**New Mailing Address:**

**FEI Number:** 59-2819378      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE, P.A.  
GLOBAL COMMERCE CENTER  
1900 NORTH COMMERCE PKWY  
WESTON, FL 33326 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: S ( ) Delete  
Name: CHUNG, SHEILA  
Address: 17321 NW 66 CT  
City-St-Zip: MIAMI, FL 33015

Title: VP ( ) Delete  
Name: SILVERA, DONNA,  
Address: 17321 NW 66 CT  
City-St-Zip: MIAMI, FL 33015

Title: D (X) Delete  
Name: MALLER, MIKE  
Address: 17321 NW 66CT  
City-St-Zip: MIAMI, FL 33015

Title: P ( ) Delete  
Name: CALLES, DAVID  
Address: 17321 NW 66 CT  
City-St-Zip: HIALEAH, FL 33015

Title: T ( ) Delete  
Name: FERNANDEZ, BEATRIZ  
Address: 17321 NW 66 CT  
City-St-Zip: HIALEAH, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: DAVID CALLES

P

02/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date