



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90037 037 ****61.25

DOCUMENT # N12017 1. Entity Name TOWN VILLAS AT MOON LAKE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9251 FONTAINE PLACE BOCA RATON, FL 33442 US			Mailing Address 9251 FONTAINE PLACE BOCA RATON, FL 33442 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03092005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2652810	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CAMPBELL PROPERTY MANAGEMENT 9251 FONTAINE PLACE BOCA RATON, FL 33496		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	PD PICKMAN, MILDRED 18999 STEWART CR 4 BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHAPIRO, CLAIRE 9071 FAIRBANKS LN #6 BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ED Gerson 19000 Stewart Circle #6 Boca Raton, FL 33496	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RACCUGLIA, LOU 18760 GARBO TR 7 BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WARSHAW, EVELYN 907 TRACY COURT #2 BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PITCHMAN, JACK 8711 GARBO TERR #3 BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Larry Fishelberg 18760 Garbo Terr #8 Boca Raton, FL 33496	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Mildred Pickman</i>			3/28/05 504-482-7067		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		