

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90048 045 ****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**

40052630



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03292007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2652810

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL PROPERTY MANAGEMENT
9251 FONTAINE PLACE
BOCA RATON, FL 33496**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME PICKMAN, MILDRED
STREET ADDRESS 18999 STEWART CR 4
CITY-ST-ZIP BOCA RATON, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME GERSON, ED
STREET ADDRESS 19000 STEWART CIRCLE #6
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SAUVE, ROLAND
STREET ADDRESS 19000 STEWART CIR #7
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME WARSHAW, EVELYN
STREET ADDRESS 907 TRACY COURT #2
CITY-ST-ZIP BOCA RATON, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME FISHELBERG, LARRY
STREET ADDRESS 18760 GARBO TERR #8
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☒ Addition
NAME **LOUIS RACCUGLIA**
STREET ADDRESS **9035 FLYNN CIRCLE #8**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE D ☐ Delete
NAME PAUL, WILLIAM
STREET ADDRESS 9110 TRACY CIR #5
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Mildred Pickman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/07 **561 482-2149**
Date Daytime Phone #

MILDRED PICKMAN