


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90041 040 \*\*\*\*61.25

<b>DOCUMENT # N12017</b> 1. Entity Name <b>TOWN VILLAS AT MOON LAKE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>9251 FONTAINE PLACE</b> <b>BOCA RATON, FL 33442 US</b>			Mailing Address <b>9251 FONTAINE PLACE</b> <b>BOCA RATON, FL 33442 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2652810</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CAMPBELL PROPERTY MANAGEMENT</b> <b>9251 FONTAINE PLACE</b> <b>BOCA RATON, FL 33496</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PICKMAN, MILDRED</b> <b>18999 STEWART CR 4</b> <b>BOCA RATON, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GERSON, ED</b> <b>19000 STEWART CIRCLE #6</b> <b>BOCA RATON, FL 33496</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAUVE, ROLAND</b> <b>19000 STEWART CIR #7</b> <b>BOCA RATON, FL 33496</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WARSHAW, EVELYN</b> <b>907 TRACY COURT #2</b> <b>BOCA RATON, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RACUGLIA, LOUIS</b> <b>9035 LFLYNN CIRCLE #8</b> <b>BOCA RATON, FL 33496</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAUL, WILLIAM</b> <b>9110 TRACY CIR #5</b> <b>BOCA RATON, FL 33496</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vincent Daddi</b> <b>9125 Flynn Circle #4</b> <b>Boca Raton, FL 33496</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Lois Stein</b> <b>9065 Flynn Circle #6</b> <b>BOCA RATON, FL 33496</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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.					
<b>SIGNATURE: Evelyn Warshaw</b> <b>EVELYN WARSHAW</b> <i>4/15/08</i> <b>Treasurer</b>					