

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12017

FILED
Apr 17, 2009
Secretary of State

Entity Name: TOWN VILLAS AT MOON LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9251 FONTAINE PLACE
BOCA RATON, FL 33442 US

New Principal Place of Business:

9251 FONTAINE PLACE
BOCA RATON, FL 33496 US

Current Mailing Address:

9251 FONTAINE PLACE
BOCA RATON, FL 33442 US

New Mailing Address:

9251 FONTAINE PLACE
BOCA RATON, FL 33496 US

FEI Number: 59-2652810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL PROPERTY MANAGEMENT
9251 FONTAINE PLACE
BOCA RATON, FL 33496 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: PD () Delete
Name: PICKMAN, MILDRED
Address: 18999 STEWART CR 4
City-St-Zip: BOCA RATON, FL

Title: SD () Delete
Name: GERSON, ED
Address: 19000 STEWART CIRCLE #6
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: DADDI, VINCENT
Address: 9125 FLYNN CIRCLE #4
City-St-Zip: BOCA RATON, FL 33496

Title: TD () Delete
Name: WARSHAW, EVELYN
Address: 907 TRACY COURT #2
City-St-Zip: BOCA RATON, FL

Title: VP () Delete
Name: STEIN, LOIS
Address: 9065 FLYNN CIRCLE #6
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: PAUL, WILLIAM
Address: 9110 TRACY CIR #5
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PICKMAN, MILDRED
Address: 18999 STEWART CR 4
City-St-Zip: BOCA RATON, FL 33496

Title: S (X) Change () Addition
Name: GERSON, ED
Address: 19000 STEWART CIRCLE #6
City-St-Zip: BOCA RATON, FL 33496

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

Title: T (X) Change () Addition
Name: WARSHAW, EVELYN
Address: 907 TRACY COURT #2
City-St-Zip: BOCA RATON, FL 33496

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: MILDRED PICKMAN

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date