

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12430

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** THE MOORS VILLAGE HOMES MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

17321 NW 66 CT  
MIAMI, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE CONTINENTAL GROUP, INC.  
11981 SW 144TH CT STE 201  
MIAMI, FL 33186 US

**New Mailing Address:**

**FEI Number:** 59-2532433      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CHADROW, MICHAEL ESQ.  
BROUGH, CHADROW, & LEVINE, PA  
GLOBAL COMMERCE CTR/1900 N 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: T ( ) Delete  
Name: JIMENEZ, LOIS  
Address: 17321 NW 66 CT  
City-St-Zip: MIAMI, FL 33015

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

Title: S ( ) Delete  
Name: ESQUIVEL, DENIESE  
Address: 17321 NW 66 CT  
City-St-Zip: MIAMI, FL 33015

Title: P ( ) Delete  
Name: BETHEL, DEIDRE C  
Address: 17321 NW 66 CT  
City-St-Zip: MIAMI, FL 33015

Title: VP ( ) Delete  
Name: MEEKS, GARY  
Address: 17321 NW 66 CT  
City-St-Zip: MIAMI, 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: DEIDRE BETHEL

P

02/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date