2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N21054

Entity Name: MOSSY HAMMOCK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

31350 PADDOCK PLACE
MYAKKA CITY, FL 34251 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 410
MYAKKA CITY, FL 34251 US

New Mailing Address:

FEI Number: 65-0049089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDANIEL, ROBERT S., JR.
1444 FIRST STREET
SARASOTA, FL 33577 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: SD (X) Delete
Name: KEHOE, BRIAN
Address: 14300 MOSSY HAMMOCK LN
City-St-Zip: MYAKKA CITY, FL 34251

Title: TD ( ) Delete
Name: BECKENS, PEGGY
Address: 31350 PADDOCK PLACE
City-St-Zip: MYAKKA CITY, FL 34251

Title: VD ( ) Delete
Name: ENGEL, RICK
Address: 14405 MOSSY OAK LN
City-St-Zip: MYAKKA CITY, FL 34251

Title: PRES (X) Delete
Name: ARNOLD, MICHAEL
Address: 13945 MOSSY HAMMOCK LANE
City-St-Zip: MYAKKA CITY, FL 34251

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:

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: PEGGY BECKENS TD 03/27/2009
Electronic Signature of Signing Officer or Director Date