2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State
05-03-2006 90218 003 ****61.25

DOCUMENT # N22135

1. Entity Name
MOSS POINT HOMEOWNERS ASSOCIATION OF ORMOND, INC.

40081574

Principal Place of Business	Mailing Address
10 MOSS POINT ORMOND BCH, FL 32174 US	10 MOSS POINT ORMOND BCH, FL 32174 US

04142006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
8 MOSS POINT	8 MOSS POINT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORMOND BCH FL	City & State: ORMOND BCH FL
Zip: 32174 Country: US	Zip: 32174 Country: US

4. FEI Number 59-2925875 ☐ Applied For ☐ Not Applicable

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
MARTIN, LORETTA L 10 MOSS POINT DR ORMOND BEACH, FL 32174	Name: DENISE HILL Street Address (P.O. Box Number is Not Acceptable): 8 MOSS POINT DR City: ORMOND BCH FL Zip Code: 32174

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: _____ 4/28/06
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, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAROCAS, JAMES 16 MOSS POINT ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RON ANGELKO 2 MOSS POINT DR ORMOND BCH FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HILL, KENNETH 8 MOSS POINT DRIVE ORMOND BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BHASKAR GOLLA 9 MOSS POINT DR ORMOND BCH FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MARTIN, LORETTA 10 MOSS POINT ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DENISE HILL 8 MOSS POINT DR. ORMOND BCH FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: _____ 4/28/06 386 3339409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #