

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.	

Principal Place of Business 10 MOSS POINT ORMOND BCH, FL 32174 US	Mailing Address 10 MOSS POINT ORMOND BCH, FL 32174 US
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2. Principal Place of Business 8 moss point	3. Mailing Address 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

40081574



04142006 Chg-NP CR2E037 (11/05)

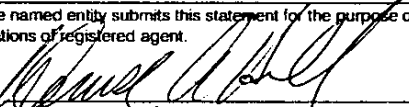
4. FEI Number 59-2925875	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTIN, LORETTA L 10 MOSS POINT DR ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent	
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.

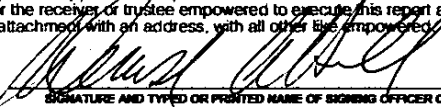
SIGNATURE:  DATE: **4/28/06**
(NOTE: Registered Agent signature required when resigning)

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
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10. OFFICERS AND DIRECTORS	
TITLE P	☐ Delete
NAME BAROCAS, JAMES	
STREET ADDRESS 16 MOSS POINT	
CITY-ST-ZIP ORMOND BEACH, FL 32174	
TITLE VPD	☐ Delete
NAME HILL, KENNETH	
STREET ADDRESS 8 MOSS POINT DRIVE	
CITY-ST-ZIP ORMOND BEACH, FL	
TITLE ST	☐ Delete
NAME MARTIN, LORETTA	
STREET ADDRESS 10 MOSS POINT	
CITY-ST-ZIP ORMOND BEACH, FL 32174	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	☒ Change ☐ Addition
NAME RON ANSELMO	
STREET ADDRESS 2 MOSS POINT DR	
CITY-ST-ZIP ORMOND BCH FL 32174	
TITLE VPD	☒ Change ☐ Addition
NAME BHASKAR GOLLIA	
STREET ADDRESS 9 MOSS POINT DR	
CITY-ST-ZIP ORMOND BCH FL 32174	
TITLE ST	☒ Change ☐ Addition
NAME DENISE HILL	
STREET ADDRESS 8 MOSS POINT DR	
CITY-ST-ZIP ORMOND BCH FL 32174	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 files empowered.

SIGNATURE:  DATE: **4/28/06** DAYTIME PHONE #: **386 2339409**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)