2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22135

FILED May 14, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

8 MOSS POINT

ORMOND BCH, FL 32174 US

Current Mailing Address: New Mailing Address:

8 MOSS POINT

ORMOND BCH, FL 32174 US

FEI Number: 59-2925875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HILL, DENNIS

8 MOSS POINT DR

HILL, DENISE

8 MOSS POINT DR

ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 US

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: DENISE A HILL 05/14/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 ANDELINO, RON
 Name:
 UNDERWOOD, MICHAEL

 Address:
 2 MOSS POINTE LN
 Address:
 14 MOSS POINT DRIVE

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD () Delete Title: VPD (X) Change () Addition Name: BHASKAR, GOLLA Name: BAROCAS, JIM

Name: BHASKAR, GOLLA Name: BAROCAS, JIM
Address: 9 MOSS POINTE DR Address: 16 MOSS POINT DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

 $\label{eq:title:Title:ST} {\sf Title:ST} \qquad \qquad {\sf (i) Delete} \qquad \qquad {\sf Title:ST} \qquad \qquad {\sf (X) Change (i) Addition}$

 Name:
 HILL, DENNIS
 Name:
 HILL, DENISE

 Address:
 8 MOSS POINTE DR
 8 MOSS POINTE DR

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 ORMOND BEACH, FL 32174

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: DENISE A HILL ST 05/14/2007