

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22135

FILED  
Apr 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6 MOSS POINT  
ORMOND BCH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

6 MOSS POINT  
ORMOND BCH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 59-2925875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARRESE, MARIAN  
6 MOSS POINT DR  
ORMOND BEACH, FL 32174 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: PRES ( ) Delete  
Name: UNDERWOOD, MICHAEL  
Address: 14 MOSS POINT DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD ( ) Delete  
Name: BAROCAS, JIM  
Address: 16 MOSS POINT DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST ( ) Delete  
Name: MARRESE, MARIAN  
Address: 6 MOSS POINTE DR  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S/T (X) Change ( ) Addition  
Name: MARRESE, MARIAN  
Address: 6 MOSS POINTE DR  
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: MARIAN M MARRESE

S/N

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date