

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N30610

(2)

1. Corporation Name

SOUTH MOON UNDER PROPERTY OWNERS ASSOCIATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:22

Principal Place of Business

696 FISCHER DRIVE  
SEBASTIAN FL 32958

Mailing Address

696 FISCHER DRIVE  
SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1989 3a. Date of Last Report 04/29/1994

4. FEI Number 59-3165306 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

REED, ROD  
706 W. FISCHER CIR.  
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name RAY HALLORAN  
82 Street Address (P.O. Box Number is Not Acceptable) 754 S. Fischer Circle  
83  
84 City Sebastian FL 85 Zip Code 32958

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when registering)

2/6/95 DATE

12. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| TITLE          | PD                    |
| NAME           | REED, ROD             |
| STREET ADDRESS | 706 W. FISCHER CIRCLE |
| CITY-ST-ZIP    | SEBASTIAN FL 32958    |
| TITLE          | VD                    |
| NAME           | BUSBY, CHARLES        |
| STREET ADDRESS | 696 FISCHER DR.       |
| CITY-ST-ZIP    | SEBASTIAN FL 32958    |
| TITLE          | SD                    |
| NAME           | RICHTER, PATRICIA     |
| STREET ADDRESS | 712 W. FISCHER CIRCLE |
| CITY-ST-ZIP    | SEBASTIAN FL 32958    |
| TITLE          | TD                    |
| NAME           | DUFFELL, DANIEL       |
| STREET ADDRESS | 717 W. FISCHER CIRCLE |
| CITY-ST-ZIP    | SEBASTIAN FL 32958    |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | RAY HALLORAN          |                                                                              |
| 1.3 STREET ADDRESS | 754 S. FISCHER CIRCLE |                                                                              |
| 1.4 CITY-ST-ZIP    | SEBASTIAN, FL 32958   |                                                                              |
| 2.1 TITLE          | VD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | CHARLES BUSBY         |                                                                              |
| 2.3 STREET ADDRESS | 696 FISCHER DRIVE     |                                                                              |
| 2.4 CITY-ST-ZIP    | SEBASTIAN, FL 32958   |                                                                              |
| 3.1 TITLE          | SD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | HARRY RICHTER         |                                                                              |
| 3.3 STREET ADDRESS | 712 W. FISCHER CIRCLE |                                                                              |
| 3.4 CITY-ST-ZIP    | SEBASTIAN, FL 32958   |                                                                              |
| 4.1 TITLE          | TD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | PAUL CROY             |                                                                              |
| 4.3 STREET ADDRESS | 749 S. FISCHER CIRCLE |                                                                              |
| 4.4 CITY-ST-ZIP    | SEBASTIAN, FL 32958   |                                                                              |
| 5.1 TITLE          | DIR                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | HENRY FISCHER         |                                                                              |
| 5.3 STREET ADDRESS | 755 S. FISCHER CIRCLE |                                                                              |
| 5.4 CITY-ST-ZIP    | SEBASTIAN, FL 32958   |                                                                              |
| 6.1 TITLE          | DIR                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | DON HURLEY            |                                                                              |
| 6.3 STREET ADDRESS | 707 FISCHER DRIVE     |                                                                              |
| 6.4 CITY-ST-ZIP    | SEBASTIAN, FL 32958   |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Paul A. Croy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/95 (407) 587-8849

Date

Daytime Phone