

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N30610 (2)

1. Corporation Name

SOUTH MOON UNDER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

696 FISCHER DRIVE
SEBASTIAN FL 32958

Mailing Address

696 FISCHER DRIVE
SEBASTIAN FL 32958

3. Date Incorporated or Qualified
02/06/1989

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALLORAN, RAY
754 S FISHCHER CIR
SEBASTIAN FL 32958

81 Name

CINDY CORRENTE

82 Street Address (P.O. Box Number is Not Acceptable)

704 W FISCHER CIRCLE

83

84 City

SEBASTIAN

FL

85 Zip Code

32958

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Cindy Corrente

(NOTE: Registered Agent signature required when reappointing)

DATE

3/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HALLORAN, RAY
STREET ADDRESS 745 S FISHER CIR
CITY-ST-ZIP SEBASTIAN FL

DELETE

TITLE VD
NAME BUSHBY, CHARLES
STREET ADDRESS 698 FISCHER DR
CITY-ST-ZIP SEBASTIAN FL

DELETE

TITLE SD
NAME RICHTER, HARRY
STREET ADDRESS 712 W FISCHER CIR
CITY-ST-ZIP SEBASTIAN FL

DELETE

TITLE TD
NAME CROY, PAUL
STREET ADDRESS 749 S FISCHER CIR
CITY-ST-ZIP SEBASTIAN FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE PD
1.2 NAME CINDY CORRENTE
1.3 STREET ADDRESS 704 W. FISCHER CIRCLE
1.4 CITY-ST-ZIP SEBASTIAN, FL 32958

Change Addition

2.1 TITLE VD
2.2 NAME DOTTIE BACHIOGLHI
2.3 STREET ADDRESS 703 W. FISCHER CIRCLE
2.4 CITY-ST-ZIP SEBASTIAN, FL 32958

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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)(k), 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 Croy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

Date

(407) 589-8849

Daytime Phone #

CR2E037 (12/95)