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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30610** (2)

1. Corporation Name

**SOUTH MOON UNDER PROPERTY OWNERS ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

**696 FISCHER DRIVE  
SEBASTIAN FL 32958**

**696 FISCHER DRIVE  
SEBASTIAN FL 32958**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**CORRENTE, CINDY  
704 W FISCHER CIRCLE  
SEBASTIAN FL 32958**

3. Date Incorporated or Qualified

**02/06/1989**

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. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

**RAYMOND W. 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 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 **RAYMOND W. HALLORAN, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Raymond W. Halloran* 03/09/98

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **CORRENTE, CINDY**  
STREET ADDRESS **704 W. FISCHER CIRCLE**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **VD** ☒ DELETE  
NAME **BACHIOCCHI, DOTTIE**  
STREET ADDRESS **703 W. FISCHER CIRCLE**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **HALLORAN, RAYMOND W.**  
1.3 STREET ADDRESS **754 S. FISCHER CIRCLE**  
1.4 CITY-ST-ZIP **SEBASTIAN, FL 32958**

2.1 TITLE **VD** ☒ Change ☐ Addition  
2.2 NAME **MATHER, KELLY**  
2.3 STREET ADDRESS **735 N. FISCHER CIRCLE**  
2.4 CITY-ST-ZIP **SEBASTIAN, FL 32958**

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **DI GREGORIO, CONSTANCE**  
3.3 STREET ADDRESS **735 S. FISCHER CIRCLE**  
3.4 CITY-ST-ZIP **SEBASTIAN, FL 32958**

4.1 TITLE **TD** ☒ Change ☐ Addition  
4.2 NAME **EMORY, CHARLES**  
4.3 STREET ADDRESS **730 S. FISCHER CIRCLE**  
4.4 CITY-ST-ZIP **SEBASTIAN, FL 32958**

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **CHARLES B. Emory** *Charles B Emory* *THORNTON* 3/4/98 561-589 9862

CR2E037 (10/97)