

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90176 007 ****70.00

DOCUMENT # N30610

1. Corporation Name

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

Principal Place of Business

**696 FISCHER DRIVE
SEBASTIAN FL 32958**

Mailing Address

**696 FISCHER DRIVE
SEBASTIAN FL 32958**



2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Country

29
Country

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

9. Name and Address of Current Registered Agent

**HALLORAN, RAYMOND W
754 S FISCHER CIR
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent

81 Name

MATHER, KELLY

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

735 N FISCHER CIR

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

PD ☒ DELETE
NAME **HALLORAN, RAYMOND W**
STREET ADDRESS **754 S FISCHER CIR**
CITY-ST-ZIP **SEBASTIAN FL 32958**

VD ☒ DELETE
NAME **MATHER, KELLY**
STREET ADDRESS **735 N FISCHER CIR**
CITY-ST-ZIP **SEBASTIAN FL 32958**

SD ☒ DELETE
NAME **DI GREGORIO, CONSTANCE**
STREET ADDRESS **735 S FISCHER CIR**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TD ☐ DELETE
NAME **EMORY, CHARLES**
STREET ADDRESS **730 S FISCHER CIR**
CITY-ST-ZIP **SEBASTIAN FL 32958**

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

MATHER, KELLY PD ☒ Change ☐ Addition
735 N FISCHER CIR
SEBASTIAN, FL 32958

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD ☒ Change ☐ Addition
HOWARD MASTERS
726 N. FISCHER CIR
SEBASTIAN, FL 32958

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

SD ☒ Change ☐ Addition
CAROL BARRY
708 FISCHER CIR
SEBASTIAN, FL 32958

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 561-589-6287
Date Daytime Phone #

CR2E037 (11/98)