

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30610

1. Entity Name

SOUTH MOON UNDER PROPERTY OWNERS ASSOCIATION, IN

Principal Place of Business

696 FISCHER DRIVE  
SEBASTIAN FL 32958

Mailing Address

696 FISCHER DRIVE  
SEBASTIAN FL 32958-4617

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HALLORAN, RAYMOND W  
754 S FISCHER CIR  
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name **HOWARD MASTERS**  
Street Address (P.O. Box Number is Not Acceptable)  
**726 N FISCHER CIR**  
City **SEBASTIAN FL** Zip Code **32958**

8. 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 *Howard Masters* **HOWARD MASTERS** **1-14-00**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MATHER, KELLY	
STREET ADDRESS	754 S FISCHER CIR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, MASTERS	
STREET ADDRESS	726 N FISCHER CIR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARRY, CAROL	
STREET ADDRESS	708 FISCHER CIR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EMORY, CHARLES	
STREET ADDRESS	730 S FISCHER CIR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, MASTERS	
STREET ADDRESS	726 N FISCHER CIR	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEX GIEL	
STREET ADDRESS	706 FISCHER CIR	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles B. Emory* **CHARLES B. EMORY** **2/13/2000** **(801) 589 9862**  
Signature typed or printed name of officer or director Date Distinguishing Phone #

FILED  
Feb 29, 2000 8:00 am  
Secretary of State

02-29-2000 90135 004 \*\*\*\*70.00

616147



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3165306** Applied For ☒ Not Applicable ☐

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

CRS 007 (Rev. 11/99)