

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44069

1. Entity Name

MORGAN POINT PROPERTY OWNERS ASSOCIATION, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90166 002 ****61.25

Principal Place of Business

2421 QUEENSWOOD CIRCLE
 SUITE 275
 KISSIMMEE FL 34743
 US

Mailing Address

2421 QUEENSWOOD CIRCLE
 SUITE 275
 KISSIMMEE FL 34743-3418
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3124281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSS, JOHN J
 2421 QUEENSWOOD CIRCLE
 KISSIMMEE FL 34743

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	FORD, CHARLES R	
STREET ADDRESS	2408 QUEENSWOOD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MOSS, JOHN J	
STREET ADDRESS	2421 QUEENSWOOD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SPAGNESI, SUSAN	
STREET ADDRESS	2361 QUEENSWOOD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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:

JOHN J. MOSS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30 407 344 0519
 Date 2000 Daytime Phone #

CR2E037 (9/99)