

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44069

1. Entity Name

MORGAN POINT PROPERTY OWNERS ASSOCIATION, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90066 042 ****70.00

Principal Place of Business 2421 QUEENSWOOD CIRCLE SUITE 275 KISSIMMEE FL 34743 US	Mailing Address 2421 QUEENSWOOD CIRCLE SUITE 275 KISSIMMEE FL 34743 US
--	--

123039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--

4. FEI Number 59-3124281	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOSS, JOHN J 2421 QUEENSWOOD CIRCLE KISSIMMEE FL 34743

7. Name and Address of New Registered Agent 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORD, CHARLES R 2408 QUEENSWOOD CIRCLE KISSIMMEE FL 34743 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOSS, JOHN J 2421 QUEENSWOOD CIRCLE KISSIMMEE FL 34743 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPAGNESI, SUSAN 2361 QUEENSWOOD CIRCLE KISSIMMEE FL 34743 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORD, CHARLES R 2408 QUEENSWOOD CIRCLE KISSIMMEE FL 34743 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLAKE FELD ELAINA 2404 NORTH FOLK COURT KISSIMMEE FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPAGNESI, SUSAN 2361 QUEENSWOOD CIRCLE KISSIMMEE FL 34743 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, EDGAR 2407 QUEENSWOOD CIRCLE KISSIMMEE FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, HARRY 208 ST ANNS ROAD BLAHPOL LANGLSHIRE ENGLAND FK42EE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 John J Moss FEB 26 2001 407-3440519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)