

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90075 010 ****61.25

0089531

DOCUMENT # N44069

1. Entity Name

MORGAN POINT PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**2421 QUEENSWOOD CIRCLE
 SUITE 275
 KISSIMMEE FL 34743
 US**

Mailing Address

**2421 QUEENSWOOD CIRCLE
 SUITE 275
 KISSIMMEE FL 34743
 US**

00047040



DO NOT WRITE IN THIS SPACE

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

**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.

NA

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	DP	<input type="checkbox"/> Delete
NAME	MOSS, JOHN J	
STREET ADDRESS	2421 QUEENSWOOD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	ELAINE, FELD	
STREET ADDRESS	2404 NORTH FOLK COURT	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	SPACNES, SUSAN	
STREET ADDRESS	2311 QUEENSWOOD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDGAR, SILVA	
STREET ADDRESS	2407 QUEENSWOOD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, HARRY	
STREET ADDRESS	208 ST ANNS RD. BLACKPOOL	
CITY-ST-ZIP	LANGASHIRE ENGLAND FY-4288	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV. MICHAEL SANDELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2402 NORTH FOLK COURT	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAGNES, SUSAN	
STREET ADDRESS	2361 QUEENSWOOD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGIO QUITANO	
STREET ADDRESS	2393 QUEENSWOOD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
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

MARCH 14, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)