

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90327 041 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME MOSS, JOHN J ☐ Delete
STREET ADDRESS 2421 QUEENSWOOD CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE DVP
NAME SILVA, EDGAR ☐ Delete
STREET ADDRESS 2407 QUEENSWOOD CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE DST
NAME SPAGNOLI, SUSAN ☐ Delete
STREET ADDRESS 2361 QUEENSWOOD CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE D
NAME QUITANO, SERGIO ☐ Delete
STREET ADDRESS 2393 QUEENSWOOD CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE D
NAME BUCCI, CARMINO ☐ Delete
STREET ADDRESS 2354 QUEENWOOD CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34743

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4-15-04 407 344 0519

Date

Daytime Phone #