

# 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**      **Mailing Address**  
**2421 QUEENSWOOD CIRCLE**      **2421 QUEENSWOOD CIRCLE**  
**SUITE 275**      **SUITE 275**  
**KISSIMMEE FL 34743**      **KISSIMMEE FL 34743**  
**US**      **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**      **Applied For**  
**59-3124281**       **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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

<b>TITLE</b>	<b>DP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MOSS, JOHN J</b>	
<b>STREET ADDRESS</b>	<b>2421 QUEENSWOOD CIRCLE</b>	
<b>CITY-ST-ZIP</b>	<b>KISSIMMEE FL 34743</b>	
<b>TITLE</b>	<b>DVP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SILVA, EDGAR</b>	
<b>STREET ADDRESS</b>	<b>2407 QUEENSWOOD CIRCLE</b>	
<b>CITY-ST-ZIP</b>	<b>KISSIMMEE FL 34743</b>	
<b>TITLE</b>	<b>DST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SFRAGNESI, SUSAN</b>	
<b>STREET ADDRESS</b>	<b>2361 QUEENSWOOD CIRCLE</b>	
<b>CITY-ST-ZIP</b>	<b>KISSIMMEE FL 34743</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>QUITANO, SERGIO</b>	
<b>STREET ADDRESS</b>	<b>2393 QUEENSWOOD CIRCLE</b>	
<b>CITY-ST-ZIP</b>	<b>KISSIMMEE FL 34743</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BUCCI, CARMINO</b>	
<b>STREET ADDRESS</b>	<b>2354 QUEENWOOD CIRCLE</b>	
<b>CITY-ST-ZIP</b>	<b>KISSIMMEE FL 34743</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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*      4-15-04 407 344 0519  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #