



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N44069</b> 1. Entity Name <b>MORGAN POINT PROPERTY OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2421 QUEENSWOOD CIRCLE SUITE 275 KISSIMMEE, FL 34743 US</b>	Mailing Address <b>1360 N. GOLDENROD RD SUITE 12 ORLANDO, FL 32808 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04302008 No Chg-NP CR2E037 (4/06)	
4. FEI Number <b>59-3124281</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KIEBZAK, KEITH R LCAM 1360 N. GOLDENROD RD ORLANDO, FL 32807</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSS, JOHN J 2421 QUEENSWOOD CIRCLE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FELD, ELAINE 2404 NORTHFOLK CT. KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SPAGNESI, SUSAN 2361 QUEENSWOOD CIRCLE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUITANO, SERGIO 2393 QUEENSWOOD CIRCLE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAVER, DAVID 2411 LANCASHIRE LN. KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIBBS, FELICITY M 1955 TIPTREE CIRCLE ORLANDO, FL 32837

<p>U000000941634 05/28/08-60116-004 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b>  <b>Keith R. Kiebzak</b>	<b>4/30/08</b>	<b>407/482-2622</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>