2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N45487

Entity Name: MOORE POND HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7144 HEARTLAND CIR
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

7144 HEARTLAND CIR
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3181582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKENE, NEIL
6737 HEARTLAND CIRCLE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

BOGENREIF, MICHAEL J
7144 HEARTLAND CIRCLE
TALLAHASSEE, FL 32312 US

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: MICHAEL J. BOGENREIF 03/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MRINTJIES, BRUCE
Address: 6807 HEARTLAND CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD ( ) Delete
Name: WRIGHT, CHARLES
Address: 64BB HEARTLAND CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD ( ) Delete
Name: BOGENREIF, MICHAEL
Address: 7144 HEARTLAND CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD ( ) Delete
Name: ATKINS, JIM
Address: 6377 HEARTLAND CIR.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BOGENREIF TD 03/13/2009
Electronic Signature of Signing Officer or Director Date