

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N47369

1. Entity Name
**MOONSHADOWS PROPERTY OWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**2228 STARFISH LANE
SANIBEL, FL 33957 US**

Mailing Address
**2228 STARFISH LANE
SANIBEL, FL 33957 US**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0338518 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**DAVIES, CHRISTOPHER N.
1415 HENDRY STREET
FORT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | MURRAY, LOLLY |
| STREET ADDRESS | 1350 MIDDLE GULF DR 1F |
| CITY-ST-ZIP | SANIBEL, FL 33957 |

| | |
|----------------|-------------------------|
| TITLE | D |
| NAME | MYERS, TERRY |
| STREET ADDRESS | 1351 MIDDLE GULF DR 1 B |
| CITY-ST-ZIP | SANIBEL, FL 33957 |

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | FRIDAY, TIMOTHY |
| STREET ADDRESS | 1350 MIDDLE GULF DR 2F |
| CITY-ST-ZIP | SANIBEL, FL 33957 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/09/08-80024-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Terry W Myers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-08 *239-472-1283*
Date Daytime Phone #