

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48251

FILED
Apr 14, 2008
Secretary of State

Entity Name: MOSS BRANCH ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

307 SILVER MOSS LANE
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

Current Mailing Address:

307 SILVER MOSS LANE
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 59-3149645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWSKY, ROBERT
307 SILVER MOSS LANE
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BROWSKY, ROBERT T
Address: 307 SILVER MOSS LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: PD () Delete
Name: KAMPOUROGLOU, STEVEN
Address: 334 SILVER MOSS LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: SD () Delete
Name: REESER, MICHAEL
Address: 446 SILVER MOSS LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VD () Delete
Name: EDWARDS, THOMAS
Address: 418 SILVER MOSS LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: WIEBE, LOUISE
Address: 363 SILVER MOSS LANE
City-St-Zip: TARPON SPRINGS, FL 34688

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: D (X) Change () Addition
Name: EDWARDS, THOMAS
Address: 418 SILVER MOSS LANE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VD (X) Change () Addition
Name: KASHMANIAN, MARK
Address: 103 SILVER MOSS LANE
City-St-Zip: TARPON SPRINGS, FL 34688

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: ROBERT BROWSKY

TD

04/14/2008

Electronic Signature of Signing Officer or Director

Date