FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004704 (3)

1. Corporation Name
MOON LAKE LODGE AND GARDENS, INC.

Principal Place of Business	Mailing Address
9052 MOON LAKE ROAD NEW PORT RICHEY FL 34654 US	2396 TANGLEWOOD DR. NEW PORT RICHEY FL 34654 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1993	3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-3224407	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

21	2. Principal Place of Business	26	2a. Mailing Address	9052 Moon Lake Rd	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	New Port Richey	
23	City & State	28	City & State	FL	
24	Zip / 25 County	29	Zip	34654	30 County: US

9. Name and Address of Current Registered Agent

NAUSED, DAWN
7396 TANGLEWOOD DR
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City: FL / 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X N/A
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NAUSED, DAWN	12 NAME	
STREET ADDRESS	7396 TANGLEWOOD DR	13 STREET ADDRESS	
CITY ST ZIP	NEW PORT RICHEY FL 34652	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DLUGOKINSKI, EDWARD	22 NAME	-05/03/95--01108--020
STREET ADDRESS	11211 GLOVER RD	23 STREET ADDRESS	*****61.25 *****61.25
CITY ST ZIP	PORT RICHEY FL 34668	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	NAUSED, HARRY R	32 NAME	
STREET ADDRESS	12349 LACEY DR	33 STREET ADDRESS	
CITY ST ZIP	NEW PORT RICHEY FL 34654	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	REBER, ANGELA E.	42 NAME	
STREET ADDRESS	11211 GLOVER RD	43 STREET ADDRESS	
CITY ST ZIP	PORT RICHEY FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GERBER, LUCILLE	52 NAME	
STREET ADDRESS	10326 AMADEUS DRIVE	53 STREET ADDRESS	
CITY ST ZIP	PORT RICHEY FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	Tom 5-1-95 ☐ Change ☐ Addition
NAME	THIEL, JOAN	62 NAME	
STREET ADDRESS	12907 VALIMAR ROAD	63 STREET ADDRESS	
CITY ST ZIP	NEW PORT RICHEY FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 4/19/95 (813) 856-7233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAWN KELLEN NAUSED

0067602