

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N96000004630

1. Entity Name  
MOSS CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
460 VERA CLIFFE CT  
OVIEDO, FL 32765 US

Mailing Address  
461 VERA CLIFFE CT  
OVIEDO, FL 32765 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07162005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3403128

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTER, NEIL  
460 VERA CLIFF CT  
OVEIDO, FL 32765

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

FL Zip Code

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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME PORTER, NEIL  
STREET ADDRESS 460 VERA CLIFF CT  
CITY-ST-ZIP OVIEDO, FL 32765

Delete

TITLE PD  
NAME VARCHOLIK, PAUL  
STREET ADDRESS 490 VERA CLIFF CT  
CITY-ST-ZIP OVIEDO FL 32765

Change  Addition

TITLE VD  
NAME WARE, MARK  
STREET ADDRESS 370 VERA CLIFF CT  
CITY-ST-ZIP OVIEDO, FL 32765

Delete

TITLE VD  
NAME WAMPOLE, ART  
STREET ADDRESS 430 VERA CLIFF CT  
CITY-ST-ZIP OVIEDO FL 32765

Change  Addition

TITLE SD  
NAME JOHNSON, MARGARET  
STREET ADDRESS 520 VERA CLIFF CT  
CITY-ST-ZIP OVEIDO, FL 32765

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE TD  
NAME BYINGTON, MICHELE  
STREET ADDRESS 461 VERA CLIFF CT  
CITY-ST-ZIP OVIEDO, FL 32765

Delete

TITLE TD  
NAME WARE, MARK  
STREET ADDRESS 370 VERA CLIFF CT  
CITY-ST-ZIP OVIEDO FL 32765

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MARK WARE

*Mark Ware*

16 JULY 2005 407 366 7254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #