

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90034 036 \*\*\*\*61.25

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01252008 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N96000004630</b> 1. Entity Name <b>MOSS CREEK HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>460 VERACLIFF CT</b> <b>OVIDO, FL 32765 US</b>		Mailing Address <b>461 VERACLIFF CT</b> <b>OVIDO, FL 32765 US</b>	
2. Principal Place of Business <b>490 Veraciff Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>311 Veraciff Ct.</b> Suite, Apt. #, etc.	
City & State <b>Oviedo, FL</b> Zip <b>32765</b>		City & State <b>Oviedo, FL</b> Zip <b>32765</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3403128</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PORTER, NEIL</b> <b>460 VERACLIFF CT</b> <b>OVIDO, FL 32765</b>		7. Name and Address of New Registered Agent Name <b>Paul Varcholik</b> Street Address (P.O. Box Number is Not Acceptable) <b>490 Veraciff Ct.</b> City <b>Oviedo</b> State <b>FL</b> Zip Code <b>32765</b>	
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  DATE <b>1/29/06</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARCHOLIK, PAUL 490 VERACLIFF COURT OVIDO, FL 32765	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAMPOLE, ART 430 VERACLIFF COURT OVIDO, FL 32765	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, MARGARET 520 VERACLIFF CT OVIDO, FL 32765	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARE, MARK 370 VERACLIFF COURT OVIDO, FL 32765	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kristi Borrazzo 311 Veraciff Ct. Oviedo, FL 32765	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date <b>407-977-7873</b>	