2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2008 8:00 am Secretary of State

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DOCUMENT # N9600004630 1. Entity Name MOSS CREEK HOMEOWNERS ASSOCIATION, INC.									03-28-20	008 9004	7 014 **	***61	1.25
MUSS CREEK HUMEUVVNERS ASSUCIATION, INC.								g y v s	, ~				
Principal Place of Business Mailing Address								400	-				
490 VERACLIFF COURT OVIEDO, FL 32765 US				311 VERACLIFF COURT OVIEDO, FL 32765 US				:					
2. Principal Place of Business - No P.O. Box #			3. Mail 52 1	3. Mailing Address 521 VERACLIFF CT									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03232008	Chg-NP	CR2E	E037 (12/C	<u> </u>	· · · · · · · · · · · · · · · · · · ·
City & State			<u> </u>	City & State OVIEDO, FL				4. FEI Numbe 59-340				+	lied For Applicable
Zip Country			3	32765			5. Certificate of Status 0				\$8.75 Fee Re	quired	ional
	6. Name a	and Address of Curren	t Registere	d Agent		Name		~ /Name and	Address of Ne	w.Registere	d Agent _		
VARCHOL	JK. PAUL					IVAITIO	ોડેહ	÷ck€,	<u>LACHN</u>				
	CLIFF COL	JRT		Street Address				P.O. Box Numbe JERAC		abie)			
						City _					•∎ Zip	Code	
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		submits this statement t	for the purp	ose of changing it:	register	ed office or	r reaister	ed agent, or bot	th, in the State o	f Florida. I a	ım familiar	with, ar	nd accept
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SIGNATURE .	JOHA	s R. Brow	nt and trie if app	LASUATU Nacadie (NO	E: Registere	od Ageyn signer	L.	when reinstating)	L	3/	23/2	00	<u>8</u>
SIGNATURE .	Signature, typed or	s R. Brow	THE TREE IT APP	SEASURE (NO 9. Election Ca Trust Fund	mpaign F	Financing	L.	when reinstating) \$5.00 May B Added to Fees		Make che	23/2 eck payal		<u>8</u>
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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 eath; 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

ECTOR BROOKE

3/23/2008

407-403-5838