

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2008
Secretary of State**

DOCUMENT# N98000001857

Entity Name: MOORE HAVEN YACHT CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

845 YACHT CLUB WAY
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

PO BOX 915
MOORE HAVEN, FL 33471 US

New Mailing Address:

FEI Number: 65-1063736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALIENDO, SAM
1430 S FEDERAL HWY
SUITE 302
DEERFIELD BEACH, FL 33441 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: PD () Delete
Name: JETT, LORAINÉ
Address: P O BOX 915
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: VP () Delete
Name: AYERS, HARRY
Address: P O BOX 915
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: D () Delete
Name: DANIELS, MARLENE
Address: P.O. BOX 915
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: D () Delete
Name: SCOTT, MAURICE
Address: P.O. BOX 915
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: D () Delete
Name: MORNINGSTAR, CHARLIE
Address: P.O. BOX 915
City-St-Zip: MOORE HAVEN, FL 33471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAUERS, CARL
Address: P O BOX 915
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: VP (X) Change () Addition
Name: GLIBERT, WALTER
Address: P O BOX 915
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JETT, LORAINÉ
Address: P.O. BOX 915
City-St-Zip: MOORE HAVEN, FL 33471 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARL SAUERS

PD

01/20/2008

Electronic Signature of Signing Officer or Director

Date