

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90056 021 ****61.25

DOCUMENT # N98000003848					
1. Entity Name MOON RIVER VILLAS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4090 EAST MOON RIVER CIR JENSEN BEACH, FL 34957			Mailing Address 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0906670	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FORTE, LORRAINE H 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$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 MACKOWSKI, JOE STREET ADDRESS 4120 NE MOON RIVER CIRCLE CITY-ST-ZIP JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME MELICHAR, CHARLES STREET ADDRESS 3392 NE LUNA TERRACE CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME TROTIER, JANICE STREET ADDRESS 4084 NE MOON RIVER CIR CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME KLARSFELD, MIKE STREET ADDRESS 4025 NE MOON RIVER CIR CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ASD NAME BOSAKOWSKI, STANLEY STREET ADDRESS 3373 NE AVIARY PLACE CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME LAVAL, CHARLES STREET ADDRESS 4031 NE MOON RIVER CIRCLE CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____			3/17/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charles J. Laval			Date 772-225-7292		

40048056



01082007 Chg-NP CR2E037 (12/06)

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

Name

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

City

FL Zip Code

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9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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