
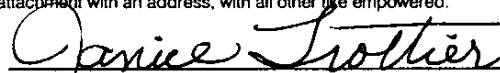


FILED
Mar 26, 2008 8:00 am
Secretary of State

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DOCUMENT # N98000003848				Secretary of State 03-26-2008 90027 038 ****61.25	
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		J0001013	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0906670	
Zip		Country		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, 2008		9. Election Campaign Financing Trust Fund Contribution. <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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELICHAR, CHARLES		NAME	ASDEN, KEN	
STREET ADDRESS	3332 NE LUNA TERRACE		STREET ADDRESS	4019 NE MOON RIVER CIRCLE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTIER, JANICE		NAME		
STREET ADDRESS	4084 NE MOON RIVER CIR		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	ASFD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLARSFELD, MIKE		NAME	MEIER, JOYCE	
STREET ADDRESS	4025 NE MOON RIVER CIR		STREET ADDRESS	3344 NE LUNA TERRACE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSAKOWSKI, STANLEY		NAME		
STREET ADDRESS	3373 NE AVIARY PLACE		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVAL, CHARLES		NAME		
STREET ADDRESS	4031 NE MOON RIVER CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					