2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2006 8:00 am Secretary of State DOCUMENT # N98000006014 04-12-2006 90104 007 ****61.25 MOSS POINTE PROPERTY OWNER'S ASSOCIATION, Principal Place of Business Mailing Address 50011320 340 40TH CT SW PO BOX 651112 VERO BEACH, FL 32968 VERO BEACH, FL 32965-1112 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 59-3628962 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEFFEW, RICHARD B 385 40TH COURT SOUTHWEST Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32968 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE X Delete ■ Addition JERRY BECHTOLD STEGE, FRED NAME NAME 405 40TH COURT SW STREET ADDRESS 425 40TH COURT SOUTHWEST STREET ADDRESS VERO BEACH, FL 32968 CITY-ST-ZIP VERO BEACH, FL 32969 CITY-ST-ZIP VP VΡ TITLE Delete TITLE ☑ Change □ Addition DON WRIGHT NAME ESPOSITO, AL NAME 480 40TH COURT 5W 445 40TH COURT SOUTHWEST STREET ADDRESS STREET ADORESS VERO BEACH, FL 32968 VERO BEACH, FL 32968 CITY-ST-ZIP CITY-ST-ZIP TITLE ST ☐ Defete TITLE ☐ Change ☐ Addition LEFFEW, RICHARD B NAME NAME STREET ADDRESS 385 40TH COURT SOUTHWEST STREET ADDRESS VERO BEACH, FL 32968 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 of 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.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

0 b

772-770-4700

☐ Change

☐ Addition

Daytime Phone #

FILED