

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000005167**

1. Entity Name  
**MOSES CREEK ESTATES HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**480 VAIL POINT RD.  
ST. AUGUSTINE, FL 32086**

Mailing Address  
**5455 US HWY A1A SOUTH  
SAINT AUGUSTINE, FL 32080**



02082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3624129**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**O'NEIL, CYNTHIA  
C/O MAY MANAGEMENT  
5455 A1A S  
SAINT AUGUSTINE, FL 32080**

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000656316  
03/14/07-90021-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MIGLIACCIO, THOMAS  
STREET ADDRESS 265 S. MATANZAS BLVD.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE STD  
NAME LEOTTA, BENEDICT  
STREET ADDRESS 480 VAIL POINT RD.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE VD  
NAME DELORENZO, ARNOLD  
STREET ADDRESS 20 OCEAN WAY  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #