

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005167

FILED
Apr 10, 2009
Secretary of State

Entity Name: MOSES CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

480 VAIL POINT RD.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

Current Mailing Address:

5455 US HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

FEI Number: 59-3624129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

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: ANNA MARKS

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIGLIACCIO, THOMAS
Address: 265 S. MATANZAS BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: STD () Delete
Name: LEOTTA, BENEDICT
Address: 480 VAIL POINT RD.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VD () Delete
Name: DELORENZO, ARNOLD
Address: 20 OCEAN WAY
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIGLIACCIO, THOMAS
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: STD (X) Change () Addition
Name: LEOTTA, BENEDICT
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VD (X) Change () Addition
Name: DELORENZO, ARNOLD
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

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: THOMAS MIGLIACCIO

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04/10/2009

Electronic Signature of Signing Officer or Director

Date