

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. Whitcraft
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:20

DOCUMENT # **P94000036685 (3)**

MOON POND VILLAGE, INC.

Principal Office (Mailing Address)
798 CHERRYBROOKE CT
TARPON SPRINGS FL 34689

Mailing Address
798 CHERRYBROOKE CT
TARPON SPRINGS FL 34689

OR USE BACK OF THIS SPACE

3. Date incorporated or qualified 05/16/1994		3a. Date of last report	
2. Principal Office (Mailing Address) 21. State Apt # etc 22. City & State 23. Zip		2a. Mailing Address 26. State Apt # etc 27. City & State 28. Zip	
4. FIC Number 59-3253806		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added in Fees	
7. The corporation has liability for intangible tax under S. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HSIUNG, THOMAS T 798 CHERRYBROOKE CT TARPON SPRINGS FL 34689				10. Name and Address of New Registered Agent			
B1. Name				B2. Street Address (P.O. Box Number is Not Acceptable)			
B3.				B4. City			
				FL		B5. Zip Code	

11. Pursuant to the provisions of Sections 607.0902 and 607.1506 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0905 Florida Statutes.

SIGNATURE _____ (Signature of current registered agent or registered agent for the corporation)
 SIGNATURE _____ (Signature of new registered agent or registered agent for the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D HSIUNG, THOMAS T	1. TITLE 798 CHERRYBROOKE CT TARPON SPRINGS FL 34689	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	2. TITLE	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	3. TITLE	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	4. TITLE	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	5. TITLE	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	6. TITLE	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	7. TITLE	7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	8. TITLE	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAIL 8

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 619.07(6)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, of changed or on an attachment with this filing.

SIGNATURE: *Thomas T. Hsiung*
 THOMAS T. HSIUNG
 REGISTERED AGENT FOR 4-27-95 813-938-0006