## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400036685 (3)

MOON POND VILLAGE, INC.

Principal Place 798 CHERRYBR TARPON SPRIN	OOKE CT	Mailing Address 798 CHERRYBROOKE CT TARPON SPRINGS FL 34689-9204										
							<ol> <li>Date Incorporated of 05/16/1994</li> </ol>	or Qualified		te of Last 25/1996	Report	
<del>-</del>	lace of Business	2a. Mailing Address			*		4. FEI Number 59-3253806		1 4 77	1	Applied For	
Suite, Apt	#, elc.	Suite, Apt. #, etc.				5. Certificate of Status	SR 75 Additional					
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be						
<b>23</b> ] Zip	Country	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,						
24	25 9. Name and Address of Curren		30]				Florida Statutes  0. Name and Addres			_] No	<del></del>	
HSII.	JNG, THOMAS T	it tradistated Adult		81	Name		D. Hallis and Address	I UI HOR HO	Bistaise s	- April		
	CHERRYBROOKE CT		ļ		6		(0.0.6)				·····	
	PON SPRINGS FL 34689		82 Street			Address	(P.O. Box Number is N	tot Acceptab	не)			
				83		***************************************						
				84	City			······································	FL	85 Zip	Code	-
office or re agent it ar SIGNATURE:	to the provisions of Sections 607.050 ogistered agent, or both, in the State in farmiliar with, and accept the obligation Signature typed or product name of registered age	of Florida Such change was au ations of, Section 607.0505, Flori	ithorized ida Stat	d by ules	the corp	poration'	tion submits this staten s board of directors. It	nent for the p nereby accep	ourpose of ot the appoint	changing ointment a	its registered s registered	∌d i
12.	OFFICERS AN		13.	- Agor	K Bigilatu e	Tequired W	ADDITIONS/CHANG	S TO OFFIC		DIRECTO	RS IN 12	
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STREET ADDRESS	798 CHERRYBROOKE CT		1.3 ST	REET	address	।न्	2 GOLFVIEW	OK.	1.00			
CHY-ST-ZIP	TARPON SPRINGS FL 34689		1.4 Cr	Y-ST	- 7IP	TAR	2 GOLFVIEW PON SPRINGS	, FL 3'	4687			
THE		☐ DELETE	2.1 111	LE						Change	Additi	ion
NAME			2.2 NA									
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NAME.		- DECEME	6.2 NA		1	1				— Cuango	LLI ROUN	
STREET ADORESS					ADDRESS							
CITY-ST-ZIP			6.4 CI									
14. I do hereb	by certify that the information supplied		for the	exer	nption st							
l am an of	n indicated on this annual report or s fficer or director of the corporation or n Block 12 or Block 13 if changed, or	the receiver or trustee empower	red to e	XBCF	rate and ute this r	that my report as	signature shall have the required by Chapter 6	ie same lega 07, Florida S	i effect as itatutes; ar	ii made u nd that my	nder oath; t name	nat

SIGNATURE:

NATURE AND TYPED OR PRATED NAME OF SIGNING OFFICER OF DIRECTOR

4-23-97

813-938-0006

**FILED** 

May 01 1997 8:00am

Secretary of State