


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # V48314 1. Entity Name MOONLIGHT GOLF ASSOCIATION, INC.	
--	---

Principal Place of Business P.O. BOX 4232 SEMINOLE, FL 33775 US	Mailing Address P.O. BOX 4232 SEMINOLE, FL 33775 US
---	---

DO NOT WRITE IN THIS SPACE



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3133352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAGEE, FRANK D.
9120 108TH STREET, N
SEMINOLE, FL 33772

**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 restate.)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000901621
04/29/08-20076-012-150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAGEE, FRANK D 9120 108TH ST N SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGEE, MARY M 9120 108TH ST N SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 607, 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 #

4/14/2008
3/20/2008


(727)393-8531