

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746931** (5)
1. Corporation Name
MOULTRIE TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
121 CROOKED TREE TRAIL **121 CROOKED TREE TRAIL**
ST AUGUSTINE FL 32086 **ST AUGUSTINE FL 32086**

3. Date Incorporated or Qualified

04/27/1979

4. FEI Number

59-2528333

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOBSON & BROWN, P.A.
66 CUNA STREET
SUITE A
ST. AUGUSTINE FL 32084

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **LANE, STUART**
STREET ADDRESS **121 CROOKED TREE LANE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

1.1 TITLE **PD DARNELL POLLARD** ☐ Change ☒ Addition
1.2 NAME **700 CAMELIA TRAIL**
1.3 STREET ADDRESS **ST. AUGUSTINE, FL 32086**
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **REICHERT, ALLAN**
STREET ADDRESS **121 CROOKED TREE LANE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **WILLIAM MIGNON**
2.3 STREET ADDRESS **703 CAMELIA TRAIL**
2.4 CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **TD** ☐ DELETE
NAME **GREENHALGH, CYDNEY**
STREET ADDRESS **121 CROOKED TREE LANE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **JEAN SUBOCK**
3.3 STREET ADDRESS **706 CAMELIA TRAIL**
3.4 CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **SD** ☒ DELETE
NAME **ALBANESI, EDWARD**
STREET ADDRESS **121 CROOKED TREE LANE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **VIRGINIA STRATFORD**
4.3 STREET ADDRESS **300 RAINTREE TRAIL**
4.4 CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

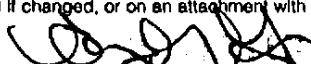
TITLE **D** ☒ DELETE
NAME **TICE, RHEA**
STREET ADDRESS **121 CROOKED TREE LANE**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **CHARLES TICE**
5.3 STREET ADDRESS **108 CROOKED TREE TRAIL**
5.4 CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **D** ☒ DELETE
NAME **CUFF, BOB**
STREET ADDRESS **121 CROOKED TREE LANE**
CITY-ST-ZIP **ST.AUGUSTINE FL 32086**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **MELISSA LANDIS**
6.3 STREET ADDRESS **502 RAINTREE TRAIL**
6.4 CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **RECEIVED**

20 April 98

CR2E037 (10/97)