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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746931

1. Corporation Name
MOULTRIE TRAILS HOMEOWNERS ASSOCIATION, INC.

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

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 04/27/1979
4. FEI Number: 59-2528333 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	POLLALD, DARNELL		1.2 NAME	DAVID LUCIER	
STREET ADDRESS	700 CAMELIA TRAIL		1.3 STREET ADDRESS	409 CAMELIA	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		1.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MIGNON, WILLIAM		2.2 NAME		
STREET ADDRESS	723 CAMELIA TRL		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GREENHALGH, CYDNEY		3.2 NAME		
STREET ADDRESS	121 CROOKED TREE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	STRATFORD, VIRGINIA		4.2 NAME	JEAN SUBOCK	
STREET ADDRESS	300 RAINTREE TRL		4.3 STREET ADDRESS	706 CAMELIA	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		4.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TICE, CHARLES		5.2 NAME		
STREET ADDRESS	108 CROOKED TREE TR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	LANDIS, MELISSA		6.2 NAME	DAVID WILLIAMS	
STREET ADDRESS	502 RAINTREE TRL		6.3 STREET ADDRESS	906 RED BUD TRAIL	
CITY-ST-ZIP	ST.AUGUSTINE FL 32086		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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 15MAR99 — (904) 797-8799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)