2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # 746931 1. Entity Name MOULTRIE TRAILS HOMEOWNERS ASSOCIATION, INC.						04-28-	2004 902 6	63 010 **	**61.25
Principal Place of Business 79 MASTERS DRIVE ST AUGUSTINE, FL 32084		Mailing Address 79 MASTERS DRIVE ST AUGUSTINE, FL 32084			3				III E
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122004	Chg-NP	CR2E03	37 (10/03)		
City & State		City & State		4. FEI Number 59-25283	333			oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add	ditional
6.	Name and Address of Current F	tegistered Agent			7. Name and A	ddress of New	Registered /	Agent	
			= Nam	Name					
HERREN, JANICE L C/O THE NEIGHBORHOOD MANAGERS, INC. 79 MASTERS DRIVE			Stree	Street Address (P.O. Box Number is Not Acceptable)					
ST AUGUSTINE, FL 32084		.,					FL	Zip Cod	e
8 The above name	the purpose of changing its r	enistered offic	e or registe	red agent or both	in the State of F		familiar with	and accent	
the obligations of SIGNATURE	of registered agent. Ture, typed or printed name of registered agent a		Registered Agent s				DATE		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be		Make checi orida Depar			
10.	- <u>-</u> -		onanounon.		Added to Fees		Ji kua Depai	ment of 5	tate
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indicated on this report or supplied will this ming does not quality for the exemption stated in section 118.07(3)(f). Florida statutes. Finding does not quality to me exemption stated in section 118.07(3)(f). Florida statutes in made under early that the information indicated on this report or supplied early 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #