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FILED

Mar 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755522 (0)

1. Corporation Name

MOONDRIFTER OWNERS ASSOCIATION, INC.

Principal Place of Business

8815 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address

8815 THOMAS DRIVE
PANAMA CITY BEACH FL 324083. Date Incorporated or Qualified
12/12/19803a. Date of Last Report
02/12/1996

4. FEI Number

59-2129704

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMANUEL, KATRINA
3789 HOLMES VALLEY ROAD
VERNON FL 32462

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BLIZARD, BARBARA	
STREET ADDRESS	2933 LYNDALANE	
CITY-ST-ZIP	COLUMBUS GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FIRMERY, BILL	
STREET ADDRESS	4786 DALHOUSIE PLACE	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, SANDRA	
STREET ADDRESS	7985 SPARTAN DRIVE	
CITY-ST-ZIP	BOARDMAN OH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLIZARD, BARBARA	
STREET ADDRESS	2933 LYNDALANE	
CITY-ST-ZIP	COLUMBUS GA 31908	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, BOBBY	
STREET ADDRESS	149 WEATHERSTONE PARKWAY	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, PAMELA	
STREET ADDRESS	672 DERBYSHIRE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GERALD MCINTYRE	
1.3 STREET ADDRESS	640 WELLS ROAD	
1.4 CITY-ST-ZIP	BUCHANAN, GA. 30113	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACK POWIS	
2.3 STREET ADDRESS	8085 BRIARCREEK	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32312	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DON MASSEY	
3.3 STREET ADDRESS	9895 BUCK POINT ROAD	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32312	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Gerald McIntyre*

1/25/97

CR2E037 (9/96)