2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90031 024 ****61.25

DOCUMENT # 755522

1. Entity Name

MOONDRIFTER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6815 THOMAS DRIVE PANAMA CITY BEACH FL 32408	6815 THOMAS DRIVE PANAMA CITY BEACH FL 32408-4002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3201796 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARBISON, MYNTA 5704 HILLTOP AVENUE PANAMA CITY FL 32408	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE Myrta S Harbison Jan 21, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURPHY, NEIL RT. 2 BOX 29 DONALSONVILLE GA 31745	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FENN, W.L. 753 AZALEA DR. LAGRANGE, GA 30240	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SIMS, SYLVIA 295 AMBERIDGE TR. ATLANTA GA 30328	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARKER, EDNA 130 Beechwood Trail Roswell, GA 30075	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WITHERS, SHIRLEY 1816 S.W. LONGVIEW TERRACE LEES SUMMIT MO 64081	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINIAT, Stephen, DR. POBox 607 PORT ST JOE, FL 32457	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STILES, SHIRLEY 104 PALOMA DRIVE LEESBURG GA 31763	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lipham, BRAD 3553 Victory Road FRANKLIN, GA 30217	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUTCHINSON, DORIS 1536 WESTWOOD DRIVE ALBANY GA 31707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREWS, PAM 672 DERBYSHIRE DRIVE TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANDREWS, PAM 672 Derbyshire DR. TALLAHASSEE FL 32312	☑ Change ☐ Addition

CR2E037 (9/99)

12. 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 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 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: Myrta S Harbison 3-11-00 912-861-3881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #