

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90057 031 ****61.25

DOCUMENT # 755522

1. Entity 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 32408**

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

**BURG, JEROME W
 5 MIRACLE STRIP LOOP STE 12
 PANAMA CITY BEACH FL 32407**

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

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 **DP** ☒ Delete
 NAME **WITHEAS, SHIRLEY**
 STREET ADDRESS **1816 SW LONGVIEW TERRACE**
 CITY-ST-ZIP **LEES SUMMIT MO 64081**

TITLE **D/P** ☐ Change ☒ Addition
 NAME **Free, William J.**
 STREET ADDRESS **2218 Hills Creek Road**
 CITY-ST-ZIP **Taylorville, GA 30178**

TITLE **D** ☒ Delete
 NAME **BARKER, EDNA**
 STREET ADDRESS **130 BEECHWOOD TR**
 CITY-ST-ZIP **ROSWELL GA 30075**

TITLE **D/V** ☐ Change ☒ Addition
 NAME **Watkins, John W.**
 STREET ADDRESS **831 Valley Meade Drive**
 CITY-ST-ZIP **Marietta, GA 30067**

TITLE **DV** ☐ Delete
 NAME **RUBISON, PEGGY**
 STREET ADDRESS **7829 SURF DR**
 CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **D** ☒ Change ☐ Addition
 NAME **Robison, Peggy**
 STREET ADDRESS **7829 Surf Drive**
 CITY-ST-ZIP **Panama City Beach, FL 32408**

TITLE **D** ☒ Delete
 NAME **FENN, WIL**
 STREET ADDRESS **753 AZELEA DR**
 CITY-ST-ZIP **LAGRANGE GA 30240**

TITLE **D/T** ☐ Change ☒ Addition
 NAME **Evans, Steve**
 STREET ADDRESS **707 Mobley Road**
 CITY-ST-ZIP **Columbus, GA 31904**

TITLE **DT** ☐ Delete
 NAME **GRANT, LESLIE**
 STREET ADDRESS **1305 NE 104TH ST**
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **D** ☒ Change ☐ Addition
 NAME **Grant, Leslie**
 STREET ADDRESS **651 S. W. 6th Street, #713**
 CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE **S** ☒ Delete
 NAME **ANDREWS, PAM**
 STREET ADDRESS **672 DERBYSHIRE DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **S/D** ☒ Change ☐ Addition
 NAME **Boatwright, Dr. Janice**
 STREET ADDRESS **735 Seabreeze Lake Road**
 CITY-ST-ZIP **Buchanan, GA 30113**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-02

850-235-1008

CR2037 (9/01)

Continuation of #11

D
Murphy, Neil
Route 2, Box 29
Donalsonville, GA 31745

Doc. attached 755522/503020

X Addition