2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 755522

FILED Jan 06, 2003 Secretary of State

Entity Name: MOONDRIFTER OWNERS ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Principal Place of Business:		
	MAS DRIVE CITY BEACH, F	FL 32408			
Current Mailing Address:			New Mailing Address:		
	MAS DRIVE CITY BEACH, F	FL 32408			
FEI Number	: 59-3201796	FEI Number Applied For (FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	d Address of C	Current Registered Agen	: Name and Address of New Registered Agent:		
PANAMA (E STRIP LOOF CITY BEACH, F	FL 32407 US	BURG, JEROME W 2827 JOAN AVE SUITE B PANAMA CITY BEACH, FL 32408 US the purpose of changing its registered office or registered agent, or both,		
	e of Florida.		The purpose of changing its registered office of registered agent, or both,		
SIGNATUI			01/06/2003		
	Electron	nic Signature of Registered	Agent Date		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	DP () FREE, WILLIAN 2218 HILLS CR TAYLORSVILLE	REEK ROAD	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	DV () WATKINS, JOH 831 VALLEY MI MARIETTA, GA	EADE DRIVE	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	RUBISON, PEG 7829 SURF DR		Title: D (X) Change () Addition Name: ROBISON, PEGGY Address: 7829 SURF DR City-St-Zip: PANAMA CITY BEACH, FL 32408		
Title: Name: Address: City-St-Zip:	DT () EVANS, STEVE 707 MOBLEY R COLUMBUS, GA	ROAD	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D () GRANT, LESLIE 651 S.W. 6TH S POMPANO BEA	STREET #713	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address:	SD () BOATWRIGHT, 735 SEABREEZ		Title: () Change () Addition Name: Address: City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. FREE PRES 01/06/2003

PAM ANDREWS D 672 DERBYSHIRE ROAD TALLAHASSEE, FL 32312

PAM ANDREWS D 672 DERBYSHIRE ROAD TALLAHASSEE, FL 32312