

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90153 035 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                                                                               |                                                                                                                                                                     |                                                                                                        |                                                                              |
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| <b>DOCUMENT # N00000003492</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                                                                                                                               |                                                                                                                                                                     |                                                                                                        |                                                                              |
| <b>1. Entity Name</b><br>MOORE BRANCH ESTATES HOMEOWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                                               |                                                                                                                                                                     |                                                                                                        |                                                                              |
| <b>Principal Place of Business</b><br>14690 MOORE BRANCH ROAD<br>JACKSONVILLE, FL 32234                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |                                                                                                                               | <b>Mailing Address</b><br>14690 MOORE BRANCH ROAD<br>JACKSONVILLE, FL 32234                                                                                         |                                                                                                        |                                                                              |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | <b>3. Mailing Address</b>                                                                                                     |                                                                                                                                                                     | <b>50012307</b>                                                                                        |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | Suite, Apt. #, etc.                                                                                                           |                                                                                                                                                                     | 04062006    Chg-NP    CR2E037 (11/05)                                                                  |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | City & State                                                                                                                  |                                                                                                                                                                     | <b>4. FEI Number</b><br>59-3652522                                                                     |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | Country                                                                                                                       |                                                                                                                                                                     | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                                                               | <b>7. Name and Address of New Registered Agent</b>                                                                                                                  |                                                                                                        |                                                                              |
| HOUSER, SCOTT<br>5804 CEDAR OAK DRIVE<br>JACKSONVILLE, FL 32210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                                                                               | Name <u>William R. McCarthy</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>9684 Stanford Bridge Drive</u><br>City <u>Jacksonville</u> FL <u>32221</u> |                                                                                                        |                                                                              |
| <b>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. I am familiar with, and accept the obligations of registered agent.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                                                                                               |                                                                                                                                                                     |                                                                                                        |                                                                              |
| SIGNATURE <u>X W R McCarthy</u><br><small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                                                                                               |                                                                                                                                                                     | DATE <u>4/10/06</u>                                                                                    |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                     | <b>Make check payable to</b><br><b>Florida Department of State</b>                                     |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                        |                                                                                                        |                                                                              |
| <b>TITLE</b><br>PD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>NAME</b><br>HOUSER, SCOTT                 | <input checked="" type="checkbox"/> Delete                                                                                    | <b>TITLE</b><br>P                                                                                                                                                   | <b>NAME</b><br>William R. McCarthy                                                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>5804 CEDAR OAK DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32210 |                                                                                                                               | <b>STREET ADDRESS</b><br>9684 Stanford Bridge Drive                                                                                                                 | <b>CITY-ST-ZIP</b><br>Jacksonville, FL 32221                                                           |                                                                              |
| <b>TITLE</b><br>VD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>NAME</b><br>MCCARTHY, WILLIAM             | <input checked="" type="checkbox"/> Delete                                                                                    | <b>TITLE</b><br>V                                                                                                                                                   | <b>NAME</b><br>Patrick Daniel                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>9684 STANFORD BRIDGE DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32221 |                                                                                                                               | <b>STREET ADDRESS</b><br>14699 Moore Branch Road                                                                                                                    | <b>CITY-ST-ZIP</b><br>Jacksonville, FL 32234                                                           |                                                                              |
| <b>TITLE</b><br>D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NAME</b><br>SMITH, CHRISTINA              | <input checked="" type="checkbox"/> Delete                                                                                    | <b>TITLE</b><br>S                                                                                                                                                   | <b>NAME</b><br>Wendi Thompson                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>14690 MOORE BRANCH ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32234 |                                                                                                                               | <b>STREET ADDRESS</b><br>14691 Moore Branch Road                                                                                                                    | <b>CITY-ST-ZIP</b><br>Jacksonville, FL 32234                                                           |                                                                              |
| <b>TITLE</b><br>T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NAME</b><br>MCCARTHY, MARIA               | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br>                                                                                                                                                    | <b>NAME</b><br>                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b><br>9684 STANFORD BRIDGE DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>CITY-ST-ZIP</b><br>JACKSONVILLE, FL 32221 |                                                                                                                               | <b>STREET ADDRESS</b><br>                                                                                                                                           | <b>CITY-ST-ZIP</b><br>                                                                                 |                                                                              |
| <b>TITLE</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>NAME</b><br>                              | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br>                                                                                                                                                    | <b>NAME</b><br>                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>CITY-ST-ZIP</b><br>                       |                                                                                                                               | <b>STREET ADDRESS</b><br>                                                                                                                                           | <b>CITY-ST-ZIP</b><br>                                                                                 |                                                                              |
| <b>TITLE</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>NAME</b><br>                              | <input type="checkbox"/> Delete                                                                                               | <b>TITLE</b><br>                                                                                                                                                    | <b>NAME</b><br>                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>STREET ADDRESS</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>CITY-ST-ZIP</b><br>                       |                                                                                                                               | <b>STREET ADDRESS</b><br>                                                                                                                                           | <b>CITY-ST-ZIP</b><br>                                                                                 |                                                                              |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |                                              |                                                                                                                               |                                                                                                                                                                     |                                                                                                        |                                                                              |
| <b>SIGNATURE:</b> <u>Maria McCarthy</u> Maria McCarthy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |                                                                                                                               | DATE <u>4/10/06</u> (904) 695-2487                                                                                                                                  |                                                                                                        |                                                                              |