2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N00000003492

Entity Name: MOORE BRANCH ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14659 MOORE BRANCH RD
JACKSONVILLE, FL 32234

New Principal Place of Business:

Current Mailing Address:

14659 MOORE BRANCH RD
JACKSONVILLE, FL 32234

New Mailing Address:

FEI Number: 59-3652522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCARTHY, WILLIAM R
14659 MOORE BRANCH RD
JACKSONVILLE, FL 32234 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCCARTHY, WILLIAM R
Address: 14659 MOORE BRANCH RD
City-St-Zip: JACKSONVILLE, FL 32234

Title: V ( ) Delete
Name: DANIEL, PATRICK
Address: 14699 MOORE BRANCH RD
City-St-Zip: JACKSONVILLE, FL 32234

Title: S ( ) Delete
Name: THOMPSON, WENDI
Address: 14691 MOORE BRANCH RD
City-St-Zip: JACKSONVILLE, FL 32234

Title: T ( ) Delete
Name: MCCARTHY, MARIA
Address: 14659 MOORE BRANCH RD
City-St-Zip: JACKSONVILLE, FL 32234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: ALLMOND, CAROLINE
Address: 14660 MOORE BRANCH RD
City-St-Zip: JACKSONVILLE, FL 32234

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIA MCCARTHY T 04/08/2009

Electronic Signature of Signing Officer or Director — Date