

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746931

Entity Name: MOULTRIE TRAILS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3942 A1A SOUTH
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**3942 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US**FEI Number:** 59-2528333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLIGOOD, JUDY
3942 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US*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:** JUDY ALLIGOOD

03/16/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name JESSIE , ELIZABETH
Address 3942 A1A SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32080

Title TREASURER
Name WOOD, DAVID
Address 3942 A1A SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DIRECTOR
Name NAGEL, RICHARD
Address 3942 A1A SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32080

Title PRESIDENT
Name BARTOSH, SCOTT
Address 3942 A1A SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32080

Title SECRETARY
Name CONGDON , WILLIAM
Address 3942 A1A SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DIRECTOR
Name GARDNER , BONNIE
Address 3942 A1A SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32080

Title MANAGER
Name ALLIGOOD, JUDY
Address 3942 A1A SOUTH
City-State-Zip: SAINT AUGUSTINE FL 32080

I hereby 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 all other like empowered.

SIGNATURE: JUDY ALLIGOOD

CAM

03/16/2022

Electronic Signature of Signing Officer/Director Detail

Date