

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755522

**Entity Name:** MOONDRIFTER OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8815 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408**Current Mailing Address:**8815 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408 US**FEI Number:** 59-2129704**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALLS, ANTHONY W  
8815 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408 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:** ANTHONY W WALLS

02/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           HUTCHESON, JAMES D  
Address        C/O 185 GRAND BLVD.  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            TREASURER  
Name           ROHLFS, DIANE  
Address        C/O 185 GRAND BLVD.  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name           SPEAR, DEBORAH  
Address        C/O 185 GRAND BLVD  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name           BEARDEN, JAMES BRIAN  
Address        C/O 185 GRAND BLVD  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            VP  
Name           WILKERSON, MARIA E  
Address        C/O 185 GRAND BLVD.  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            SECRETARY  
Name           MCKINNON, MARY  
Address        C/O 185 GRAND BLVD  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name           CRAWFORD, BRYAN  
Address        C/O 185 GRAND BLVD  
City-State-Zip: MIRAMAR BEACH FL 32550

*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:** JAMES D. HUTCHESONASSOCIATION  
PRESIDENT

02/29/2024

Electronic Signature of Signing Officer/Director Detail

Date