

2016 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:**SCHNEIDER, JEFF
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DPT
Name	WITHERS, CALVIN
Address	1816 SW LONGVIEW TERRACE
City-State-Zip:	LEE'S SUMMIT MO 64081

Title	DIRECTOR
Name	GAMBLE, BILLY
Address	505 BRUSH CREEK ROAD
City-State-Zip:	KILLEN AL 35645

Title	DIRECTOR
Name	KIRBY, PHIL
Address	612 WINDY LANE
City-State-Zip:	PANAMA CITY FL 32405

Title	VP
Name	ANDREWS, PAM
Address	672 DERBYSHIRE DRIVE
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR
Name	GLENN, HUGH E
Address	7404 FRANCES DRIVE
City-State-Zip:	MORRIS AL 35116

Title	SECRETARY
Name	MAYNARD, ROB
Address	183 MEADOW CREEK CIRCLE
City-State-Zip:	BREMEN GA 30110

Title	DIRECTOR
Name	WHITEHEAD, CHARLES M
Address	504 CAMBRIDGE CIRCLE
City-State-Zip:	JONESBORO GA 30236

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: CALVIN WITHERS**PRESIDENT****03/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date