

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003334

**FILED**  
**Apr 12, 2022**  
**Secretary of State**  
**8006465903CC**

**Entity Name:** OLD MOULTRIE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

112 N. PONCE DE LEON BLVD  
UNIT C  
ST AUGUSTINE, FL 32085

**Current Mailing Address:**

PO BOX 1389  
ST AUGUSTINE, FL 32085 US

**FEI Number: 20-8815360**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RAULERSON, JANEEN  
112 N. PONCE DE LEON BLVD  
UNIT C  
ST AUGUSTINE, FL 32084 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: JANEEN RAULERSON**

**04/12/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GREGG, JENNIFER  
Address        C/O ALSOP PROPERTY  
                  MANAGEMENT  
                  PO BOX 1389  
City-State-Zip: ST AUGUSTINE FL 32085

Title            VP, TREASURER  
Name            HOOG, GARY  
Address        PO BOX 1389  
City-State-Zip: ST. AUGUSTINE FL 32085

Title            SECRETARY  
Name            HYNISH, DAN  
Address        C/O ALSOP PROPERTY  
                  MANAGEMENT  
                  PO BOX 1389  
City-State-Zip: ST AUGUSTINE FL 32085

Title            AGENT  
Name            RAULERSON, JANEEN  
Address        P.O BOX 1389  
City-State-Zip: ST. AUGUSTINE FL 32085

*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: JENNIFER GREGG**

**PRESIDENT**

**04/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date