

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746931

FILED  
Mar 15, 2010  
Secretary of State

**Entity Name:** MOULTRIE TRAILS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 59-2528333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAY MANAGEMENT  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 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  
Name: SPENCE, JOE  
Address: 417 CAMELIA TRL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T  
Name: NAGEL, RICHARD  
Address: 427 CAMELIA TRAIL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP  
Name: FALKNER, CHARLES  
Address: 424 CAMELIA TRAIL  
City-St-Zip: ST.AUGUSTINE, FL 32086

Title: S  
Name: ROTH, DICK  
Address: 405 CAMELIA TRAIL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D  
Name: WILLIAMS, DAVID  
Address: 906 REDBUD TRAIL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D  
Name: MIGNON, WILLIAM  
Address: 723 CAMELIA TRAIL  
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: RICHARD NAGEL

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03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date