

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90059 050 ****61.25

DOCUMENT # N00000003492			
1. Entity Name MOORE BRANCH ESTATES HOMEOWNERS ASSOCIATION, INC.			
<i>Change</i> Principal Place of Business 14699 MOORE BRANCH ROAD (see below) JACKSONVILLE, FL 32234		<i>Change</i> Mailing Address 14699 MOORE BRANCH ROAD (see below) JACKSONVILLE, FL 32234	
2. Principal Place of Business - No P.O. Box # 14659 Moore Branch Rd Suite, Apt. #, etc.		3. Mailing Address 14659 Moore Branch Rd. Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32234		Country Duval	
4. FEI Number 59-3652522		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARTHY, WILLIAM R 9604 STANFORD BRIDGE DR (see below) JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME MCCARTHY, WILLIAM R STREET ADDRESS 9604 STANFORD BRIDGE DR CITY-ST-ZIP JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete	TITLE P NAME McCarthy, William R. STREET ADDRESS 14659 Moore Branch Rd. CITY-ST-ZIP Jacksonville, FL 32234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME DANIEL, PATRICK STREET ADDRESS 14699 MOORE BRANCH RD CITY-ST-ZIP JACKSONVILLE, FL 32234	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME THOMPSON, WENDI STREET ADDRESS 14691 MOORE BRANCH RD CITY-ST-ZIP JACKSONVILLE, FL 32234	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MCCARTHY, MARIA STREET ADDRESS 9604 STANFORD BRIDGE DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete	TITLE T NAME McCarthy, Maria STREET ADDRESS 14659 Moore Branch Rd. CITY-ST-ZIP Jacksonville, FL 32234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Maria McCarthy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/10/07 (904) 307-6813</u> <small>Date Daytime Phone #</small>	