


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90238 035 ****61.25

DOCUMENT # N00000003492	
1. Entity Name MOORE BRANCH ESTATES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 14659 MOORE BRANCH RD JACKSONVILLE, FL 32234	Mailing Address 14659 MOORE BRANCH RD JACKSONVILLE, FL 32234
--	--

DO NOT WRITE IN THIS SPACE



04282008 No Chg-NP CR2E037 (4/06)

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 14659 MOORE BRANCH RD JACKSONVILLE, FL 32234
--

**DO NOT WRITE
IN THIS SPACE**

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTHY, WILLIAM R 14659 MOORE BRANCH RD JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIEL, PATRICK 14699 MOORE BRANCH RD JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, WENDI 14691 MOORE BRANCH RD JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCARTHY, MARIA 14659 MOORE BRANCH RD JACKSONVILLE, FL 32234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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> <u>Maria McCarthy</u>	<u>4/30/08</u>	<u>(904) 772-6400</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>