


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90180 017 ****61.25

DOCUMENT # N01000005413					
1. Entity Name MOULTRIE LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1845 OLD MOULTRIE RD #77 ST AUGUSTINE, FL 32086			Mailing Address 1845 OLD MOULTRIE RD #77 ST AUGUSTINE, FL 32086		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, KATHERINE G 780 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084				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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, HEATHER			NAME	
STREET ADDRESS	1945 OLD MOULTRIE D.# 30			STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086			CITY-ST-ZIP	
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTON, SUE			NAME	VPD MARSH, GAY
STREET ADDRESS	137 HERONS NEST LANE			STREET ADDRESS	661 A1A BEACH BLVD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080			CITY-ST-ZIP	ST. AUGUSTINE BEACH, FL 32080
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWNES, NICHOLAS			NAME	
STREET ADDRESS	221 BILBAO DRIVE			STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Heather Jordan</i>		HEATHER JORDAN		4/29/06	(904) 501-4289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #		

40010010



01162006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3711031

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required