



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90455 031 ****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		40091394 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03072007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3711031	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 PREMIER PROPERTIES REALTY GROUP INC Street Address (P.O. Box Number is Not Acceptable) 661 AIA BEACH BLVD City ST. AUGUSTINE BCH FL Zip Code 32080	
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, 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JORDAN, HEATHER		NAME	James Mesquita	
STREET ADDRESS	1945 OLD MOULTRIE D.# 30		STREET ADDRESS	1845 Old Moultrie Rd #12	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086		CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OWNES, NICHOLAS		NAME	Jessica Castro	
STREET ADDRESS	221 BILBAO DRIVE		STREET ADDRESS	1845 Old Moultrie Rd # 29	
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP	St Augustine, FL 32086	
TITLE	VDP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARSH, GAY		NAME	Ronald Libby	
STREET ADDRESS	661 AIA BEACH BLVD		STREET ADDRESS	117 Turtle Bay Lane	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" 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: <u>Jessica A Castro</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/23/07</u> Daytime Phone # <u>203-106-7260</u>	