

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90281 023 ****61.25

DOCUMENT # N03000008094

1. Entity Name
MOORE'S LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**114 PALMETTO ST
#2
DESTIN, FL 32541**

Mailing Address
**POST OFFICE BOX 1895
DESTIN, FL 32540**



2. Principal Place of Business - No P.O. Box #

12273 U.S. Hwy 98

3. Mailing Address

P.O. Box 1895

Suite, Apt. #, etc.
204A

Suite, Apt. #, etc.

04202007 Chg-NP CR2E037 (12/06)

City & State
Destin FL

City & State
Destin FL

4. FEI Number
59-3715825

Applied For
Not Applicable

Zip
32550

Country
Walton

Zip
32540

Country
Okaloosa

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

6. Name and Address of Current Registered Agent

**SEACOAST ASSOCIATION MGMT.
114 PALMETTO ST #2
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name **Seacoast Association Management, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

40 Walt Leirer

12273 U.S. Highway 98 Suite 204A

City **Destin**

FL Zip Code **32550**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, BARBARA 108 BLUE HERON DR DESTIN, FL 32459 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, WILLIAM A 108 S BLUE HERON RD DESTIN, FL 32459 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUEZ, ANTONIO 69 S BLUE HERON RD DESTIN, FL 32459 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, FELICIA 69 BLUE HERON DR SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jason Crowe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jeff Bowen <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Felicia Rodriguez 69 Blue Heron Dr Santa Rosa Beach FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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

Walt Leirer

4.20.7