

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90029 004 ****61.25

DOCUMENT # N03000008094

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



Principal Place of Business
**12273 US HWY 98
204A
DESTIN, FL 32550**

Mailing Address
**12273 US HWY 98
204A
DESTIN, FL 32550**

40020773 1064



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3715825

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEACOAST ASSOCIATION MGMT.
12273 US HWY 98 SUITE 204A
DESTIN, FL 32550**

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

X. Waller

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D P** ☐ Delete
NAME **CROWE, JASON**
STREET ADDRESS **108 BLUE HERON DR**
CITY-ST-ZIP **DESTIN, FL 32459**

TITLE **P.** ☐ Change ☒ Addition
NAME **George T. Brannon Jr.**
STREET ADDRESS **164 South Blue Heron DR**
CITY-ST-ZIP **Santa Rosa Beach**

TITLE **VP** ☐ Delete
NAME **BOWEN, JEFF**
STREET ADDRESS **108 S BLUE HERON RD**
CITY-ST-ZIP **DESTIN, FL 32459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **RODRIGUEZ, FELICIA**
STREET ADDRESS **69 BLUE HERON DR**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **ST** ☐ Change ☒ Addition
NAME **JASON CROWE**
STREET ADDRESS **93 South Blue Heron DR**
CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

X. Waller