

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

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

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

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

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

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

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P Delete
NAME GEORGE T. BRANNON JR.
STREET ADDRESS 164 South Blue Heron DR
CITY-ST-ZIP SANTA ROSA BEACH

TITLE Delete
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 Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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:

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

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

40020773 17069



01312008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3715825 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent