2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008094

FILED Jan 28, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

12273 US HWY 98 12590 EMERALD COAST PARKWAY 204A MIRAMAR BEACH, FL 32550

DESTIN, FL 32550

Current Mailing Address: New Mailing Address:

12273 US HWY 98 11714 EMERALD COAST PARKWAY, STE 105

204A MIRAMAR BEACH, FL 32550 DESTIN, FL 32550

FEI Number: 59-3715825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEACOAST ASSOCIATION MGMT.

12273 US HWY 98 SUITE 204A

COASTAL PROPERTIES ASSOCIATION MANAGEMENT, 11714 EMERALD COAST PARKWAY, STE. 105

DESTIN, FL 32550 US MIRAMAR BEACH, FL 32550 US

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.

SIGNATURE: ZACH JOHNSON 01/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: P (X) Change () Addition

 Name:
 CROWE, JASON
 Name:
 CROWE, JASON

 Address:
 108 BLUE HERON DR
 Address:
 108 BLUE HERON DR

 City-St-Zip:
 DESTIN, FL 32459
 City-St-Zip:
 DESTIN, FL 32459

Title: VP () Delete Title: () Change () Addition

 Name:
 BOWEN, JEFF
 Name:

 Address:
 108 S BLUE HERON RD
 Address:

 City-St-Zip:
 DESTIN, FL 32459
 City-St-Zip:

 $\label{eq:title:Title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name:CROWE, JASONName:BRANNON, GEORGEAddress:93 SOUTH BLUE HERON DRAddress:164SOUTH BLUE HERON DRCity-St-Zip:SANTA ROSA BEACH, FL 32459City-St-Zip:SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON CROWE P 01/28/2009