2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005303

FILED Mar 17, 2008 Secretary of State

Entity Name: MOULTRIE CROSSING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 330 CROSSING BLVD. 137 MOULTRIE CROSSING LANE SUITE 200 ST AUGUSTINE, FL 32086 ORANGE PARK, FL 32073 **Current Mailing Address: New Mailing Address:** POB 65908 137 MOULTRIE CROSSING LANE ORANGE PARK, FL 32065 ST AUGUSTINE, FL 32086 FEI Number: 32-0137829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ENSELL, KURT A PRZYBYLEK, WILLIAM 125A INDUSTRIAL LOOP W 137 MOULTRIE CROSSING LANE ORANGE PARK, FL 32073 US ST AUGUSTINE, FL 32086 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: WILLIAM PRYZBYLEK 03/17/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP (X) Change () Addition () Delete BEALLE, KEVIN HARRIER, DOUGLAS Name: Name: 330 CROSSING BLVD. SUITE 200 Address: 156 MOULTRIE CROSSING LANE Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ST AUGUSTINE, FL 32086 Title: Title: (X) Change () Addition () Delete CHAKY, CHRISTOPHER Name: PRZYBYLEK, WILLIAM Name: Address: 330 CROSSING BLVD, SUITE 200 Address: 137 MOULTRIE CROSSING LANE City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ST AUGUSTINE, FL 32086 Title: DS Title: DS (X) Change () Addition () Delete LIMA, CINDY Name: EVANS, PRUDENCE Name: 330 CROSSING BLVD. SUITE 200 104 MOULTRIE CROSSING LANE Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ST AUGUSTINE, FL 32086 Title: () Delete Title: DT () Change (X) Addition Name: Name: PETRELLO, MIKE 105 MOULTRIE CROSSING LANE Address: Address: City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32086 Title: () Delete Title: () Change (X) Addition COGSWELL, LINDA Name: Name: 149 MOULTRIE CROSSING LANE Address: Address: ST AUGUSTINE, FL 32086 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition BEALLE JOHN Name: Name: Address: Address: 144 MOULTRIE CROSSING LANE

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.

City-St-Zip:

SIGNATURE: WILLIAM PRZYBYLEK DVP 03/17/2008

City-St-Zip:

ST AUGUSTINE, FL 32086