2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400005303

FILED Apr 20, 2009 Secretary of State

Entity Name: MOULTRIE CROSSING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
5955 TG LEE BLVD. STE 300 ORLANDO, FL 328224457				6972 LAKE GLORIA BLVD ORLANDO, FL 328093200			
Current Mailing Address:				New Mailing Address:			
5955 TG LEE BLVD. STE 300 ORLANDO, FL 328224457				6972 LAKE GLORIA BLVD ORLANDO, FL 328093200			
FEI Number:	32-0137829	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status D	esired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Age	nt:
PRZYBYLEK, WILLIAM 137 MOULTRIE CROSSING LANE ST AUGUSTINE, FL 32086 US				LELAND MANAGEMENT 6972 LAKE GLORIA BLVD ORLANDO, FL 328093200 US			
	named entity s of Florida.	submits this statement for the pu	urpose o	of changing it	ts registered o	office or registered ag	ent, or both,
SIGNATUF	RE: REBECC/	A FURLOW				04/20/2009	
	Electron	ic Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	HARRIER, DOU	CROSSING LANE		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	PRZYBYLEK, W	CROSSING LANE		Title: Name: Address: City-St-Zip:	COGSWELL, I	E CROSSING LANE	
Title: Name: Address: City-St-Zip:	EVANS, PRUDE	CROSSING LANE		Title: Name: Address: City-St-Zip:	EVANS, PRUD	E CROSSING LANE	
Title: Name: Address: City-St-Zip:	PETRELLO, MI	CROSSING LANE		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	COGSWELL, LI	CROSSING LANE		Title: Name: Address: City-St-Zip:	COGSWELL, E	E CROSSING LANE	
Title: Name: Address: City-St-Zip:	BEALLE, JOHN	CROSSING LANE		Title: Name: Address: City-St-Zip:	BEALL, LINDA	E 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.

SIGNATURE: DOUG HARRIER DP 04/20/2009