

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04688**

1. Entity Name  
**MARY ESTHER PLAZA CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**144 MARY ESTHER BLVD. #18  
MARY ESTHER, FL 32569**

Mailing Address  
**4773 GALLIVER CUTOFF  
HOLT, FL 32564**



01192006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2719421**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOOREHAND, WALLACE  
144 MARY ESTHER BLVD. #20  
MARY ESTHER, FL 32569**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

00000399684  
02/01/06-90022-009 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MOOREHAND, WALLACE  
STREET ADDRESS 144 MARY ESTHER BLVD. #20  
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE VD  
NAME HUGHES, WILLIAM  
STREET ADDRESS 144 MARY ESTHER BLVD #7  
CITY-ST-ZIP MARY ESTHER, FL

TITLE SD  
NAME KILLINGSWORTH, RACHEL  
STREET ADDRESS 4973 GALLIVER CT  
CITY-ST-ZIP HOLT, FL 32564

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Rachel Killingsworth - Rachel Killingsworth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-19-06**  
Date

**850-591-8333**  
Daytime Phone #