

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90097 010 ****61.25

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**

60009417



01242007 Chg-NP CR2E037 (12/06)

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

3. Mailing Address

4773 GALLIVER CUTOFF

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLT, FL

4. FEI Number

59-2719421

Applied For

Not Applicable

Zip

Country

Zip

32564

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2007**

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

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

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

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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: Rachel M. Killingsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 24, 2007 850-531-8333
Date Daytime Phone #