

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 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 GALIVER CUTOFF
HOLT, FL 32564**



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2719421

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

660000832374
02/27/08-80057-001 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 M. Killingsworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #