

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04688

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

144 MARY ESTHER BLVD. #18  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

4773 GALIVER CUTOFF  
HOLT, FL 32564

**New Mailing Address:**

**FEI Number:** 59-2719421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOOREHAND, WALLACE  
Address: 144 MARY ESTHER BLVD. #20  
City-St-Zip: MARY ESTHER, FL 32569

Title: VD  
Name: HUGHES, WILLIAM  
Address: 144 MARY ESTHER BLVD #7  
City-St-Zip: MARY ESTHER, FL

Title: SD  
Name: KILLINGSWORTH, RACHEL  
Address: 4773 GALLIVER CT  
City-St-Zip: HOLT, FL 32564

I hereby 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 all other like empowered.

SIGNATURE: RACHEL M. KILLINGSWORTH

SD

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date