

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


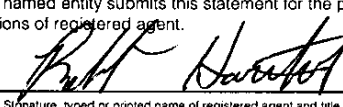
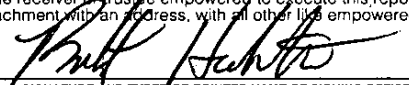
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SECRETARY STATE
TALLAHASSEE, FLORIDA



04252006 Chg-NP CR2E037 (11/05)

DOCUMENT # N05000006938			
1. Entity Name SHIRE RIDGE AT MOCCASIN GAP HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 7110 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312		Mailing Address 7110 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312	
2. Principal Place of Business 2915 Kerry Forest Pkwy. Suite, Apt. #, etc. Suite 102 City & State Tallahassee, FL. Zip 32309 Country USA		3. Mailing Address 2915 Kerry Forest Pkwy. Suite, Apt. #, etc. Suite 102 City & State Tallahassee, FL. Zip 32309 Country USA	
4. FEI Number 20-4670944		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARTSFIELD, ROBERT P 7110 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name Hartsfield, Robert P. Street Address (P.O. Box Number is Not Acceptable) 2915 Kerry Forest Pkwy. Suite 102 City Tallahassee, FL Zip Code 32309	
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 		4-25-06	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTSFIELD, ROBERT P 7110 BEECH RIDGE TRAIL TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2915 Kerry Forest Pkwy., Suite 102 Tallahassee, FL. 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400074509984 05/12/06--01014--023 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4-25-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	