## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006938

FILED Aug 08, 2007 Secretary of State

Entity Nan	ne: SHIRE RIDGE AT MOCCASIN GAP HOMEOWI	NERS ASSO	CIATION, INC.	
Current Principal Place of Business:		New Principal Place of Business:		
2915 KERRY FOREST PKWY., STE. 102 TALLAHASSEE, FL 32309		SHIRE RIDGE @ MOCCASIN GAP 8615 SHIRE RIDGE LOOP TALLAHASSEE, FL 32309		
Current Mailing Address:		New Mailing Address:		
2915 KERRY FOREST PKWY., STE. 102 TALLAHASSEE, FL 32309		C/O DONNA STRANGE 8640 SHIRE RIDGE LOOP TALLAHASSEE, FL 32309		
FEI Number: 20-4670944        FEI Number Applied For (  )           FEI Nur In accordance with s. 607.193(2)(b), F.S., the corporation did not receive to Name and Address of Current Registered Agent:		mber Not Applicable()  Certificate of Status Desired() the prior notice. Name and Address of New Registered Agent:		
HARTSFIELD, ROBERT P 2915 KERRY FOREST PKWY., STE. 102 TALLAHASSEE, FL 32309 US		MILLS, SCOTT 8615 SHIRE RIDGE LOOP TALLAHASSEE, FL 32309 US		
	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,	
SIGNATUF	RE: SCOTT MILLS		08/08/2007	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete HARTSFIELD, ROBERT P 2915 KERRY FOREST PKWY., STE. 102 TALLAHASSEE, FL 32309	Title: Name: Address: City-St-Zip:	PRES (X) Change ( ) Addition MILLS, SCOTT 8615 SHIRE RIDGE LOOP TALLAHASSEE, FL 32309	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition SHEPPARD, TIM 8616 SHIRE RIDGE LOOP TALLAHASSEE, FL 32309	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	TREA () Change (X) Addition STRANGE, DONNA 8640 SHIRE RIDGE LOOP TALLAHASSEE, FL 32309	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition LOONEY, RODERICK 8615 SHIRE RIDGE LOOP TALLAHASSEE, FL 32309	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONNA STRANGE TREA 08/08/2007