


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90026 033 ****61.25

DOCUMENT # N05650 1. Entity Name THE MOORINGS AT WOODLAWN OWNERS ASSOCIATION, INC.			
Principal Place of Business 221 MCKENZIE AVE. P.O. BOX 70 PANAMA CITY, FL 32402		Mailing Address 221 MCKENZIE AVE. P.O. BOX 70 PANAMA CITY, FL 32402	
2. Principal Place of Business - No P.O. Box # 425 Bayshore Dr. #13 Suite, Apt. #, etc. # 13		3. Mailing Address 425 Bayshore Dr Suite, Apt. #, etc. # 13	
City & State Panama City Bch, FL		City & State Panama City Bch, FL	
Zip 32407	Country USA	Zip 32407	Country USA
4. FEI Number 59-2957115		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, LES W 221 MCKENZIE AVE. PANAMA CITY, FL 32402		7. Name and Address of New Registered Agent Name Debra S. Smalley Street Address (P.O. Box Number is Not Acceptable) 425 Bayshore Dr. # 13 City Panama City Beach FL Zip Code 32407	
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 <u><i>Debra S. Smalley</i></u> DATE <u>4/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 PD NAME HAGLER, TERRY STREET ADDRESS 425 BAYSHORE DRIVE, # 16 CITY-ST-ZIP PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete	TITLE PD NAME Karen O'Keefe STREET ADDRESS 216 S. Cove Lane CITY-ST-ZIP Panama City, FL 32407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MADDOX, GARY STREET ADDRESS 7 FOX CHASE RD CITY-ST-ZIP DOTHAN, AL 36305	<input type="checkbox"/> Delete	TITLE VT NAME Debra S. Smalley STREET ADDRESS 425 Bayshore Dr # 13 CITY-ST-ZIP Panama City, FL 32407	<input type="checkbox"/> Change <input checked="" 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
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: <u><i>Debra S. Smalley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/14/08</u> Daytime Phone # <u>850-280-6481</u>	

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