2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16116

FILED Apr 23, 2008 Secretary of State

Entity Name: MOULTRIE TRACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4203 WICKS BRANCH RD ST. AUGUSTINE, FL 32086 US **Current Mailing Address: New Mailing Address:** 4203 WICKS BRANCH RD ST. AUGUSTINE, FL 32086 US FEI Number: 59-2784559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TREADWAY, VERA PRES. WISEMAN, TERRI TREAS. 4273 WICKS BRANCH RD 4264 WICKS BRANCH RD SAINT AUGUSTINE, FL 32086 US SAINT AUGUSTINE, FL 32086 US 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: TERRI WISEMAN 04/23/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TREADWAY, VERA J Name: Name: 4273 WICKS BRANCH RD Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: Title: Title: (X) Change () Addition () Delete KONSTANT, CONRAD Name: CASTELLI, WILLIAM Name: Address: 4209 WICKS BRANCH RD Address: 4224 WICKS BRANCH RD City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: SAINT AUGUSTINE, FL 32086 Title: STD () Delete Title: **TREA** (X) Change () Addition WISEMAN, TERRI WISEMAN, TERRI Name: Name: 4264 WICKS BRANCH RD Address: Address: 4264 WICKS BRANCH RD City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: SAINT AUGUSTINE, FL 32086 Title: Title: SEC () Delete (X) Change () Addition Name: COX, THOMAS Name: PERRY, WENDY 4240 BRADFISCH LANE Address: Address: 4229 WICKS BRANCH RD City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: SAINT AUGUSTINE, FL 32086 Title: () Delete Title: () Change () Addition HENSEL, MARY L Name: Name: 4241 WICKS BRANCH ROAD Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNS, R KENNY Name: Name: Address: 4236 BRADFISCH LANE Address: SAINT AUGUSTINE, FL 32086 City-St-Zip: City-St-Zip:

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: TERRI WISEMAN TREA 04/23/2008