

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51046

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** THE MOORS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3220 AVALON BLVD  
MILTON, FL 32583 US

**New Principal Place of Business:**

**Current Mailing Address:**

5832 MOORS OAKS DRIVE  
MILTON, FL 32583 US

**New Mailing Address:**

PO BOX 4524  
MILTON, FL 32572 US

**FEI Number:** 59-3187166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARRELL, DEBORAH  
5832 MOORS OAKS DRIVE  
MILTON, FL 32583 US

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

SEWADE, DAWN  
5961 MOORS OAKS DRIVE  
MILTON, FL 32583 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: DAWN SEWADE

04/26/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MILLER, JANE  
Address: 3220 AVALON BLVD  
City-St-Zip: MILTON, FL

Title: S ( ) Delete  
Name: STEPHENS, DARLENE  
Address: 5960 MOORS OAKS DRIVE  
City-St-Zip: MILTON, FL 32583

Title: T ( ) Delete  
Name: FARRELL, DEBORAH  
Address: 5832 MOORS OAKS DRIVE  
City-St-Zip: MILTON, FL 32583

Title: VD (X) Delete  
Name: DAY, LADONNA  
Address: 5976 MOORS OAKS DRIVE  
City-St-Zip: MILTON, FL 32583

Title: PD (X) Delete  
Name: CHANCEY, GUY  
Address: 5968 MOORS OAKS DRIVE  
City-St-Zip: MILTON, FL 32583

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MILLER, JANE  
Address: 3220 AVALON BLVD  
City-St-Zip: MILTON, FL 32583

Title: P (X) Change ( ) Addition  
Name: FULLER, RUSS  
Address: 5952 MOORS OAKS DRIVE  
City-St-Zip: MILTON, FL 32583

Title: T (X) Change ( ) Addition  
Name: SEWADE, DAWN  
Address: 5961 MOORS OAKS DRIVE  
City-St-Zip: MILTON, FL 32583

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAWN SEWADE

T

04/26/2005

Electronic Signature of Signing Officer or Director

Date