2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51046

FILED Apr 11, 2006 Secretary of State

Entity Name: THE MOORS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3220 AVALON BLVD MILTON, FL 32583 US **Current Mailing Address: 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: Name and Address of New Registered Agent: SEWADE, DAWN BRUPBACHER, DANIEL 5961 MOÓRS OAKS DRIVE 5984 MOORS OAKS DRIVE MILTON, FL 32583 MILTON, FL 32583 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: DANIEL BRUPBACHER 04/11/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MILLER, JANE BRYAN, TERRY Name: Name: 3220 AVALON BLVD Address: 5904 MOORS OAKS DR. Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: MILTON, FL 32583 Title: () Delete Title: (X) Change () Addition HARDCASTLE, RICK Name: FULLER, RUSS Name: Address: 5952 MOORS OAKS DRIVE Address: 5861 MOORS OAKS DRIVE City-St-Zip: MILTON, FL 32583 City-St-Zip: MILTON, FL 32583 Title: () Delete Title: (X) Change () Addition SEWADE, DAWN BRUPBACHER, DANIEL Name: Name: 5961 MOORS OAKS DRIVE 5984 MOORS OAKS DRIVE Address: Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: MILTON, FL 32583 Title: () Delete Title: () Change (X) Addition Name: Name: FULLER, RUSS 5952 MOORS OAKS DR. Address: Address: City-St-Zip: City-St-Zip: MILTON, FL 32583 Title: () Delete Title: () Change (X) Addition HUERKAMP, NANCY Name: Name: 5872 MOORS OAKS DR. Address: Address: City-St-Zip: City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL J. BRUPBACHER T 04/11/2006