2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# N51046

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:

PO BOX 4524
MILTON, FL 32572 US

New Mailing Address:

FEI Number: 59-3187166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUPBACHER, DANIEL
5984 MOORS OAKS DRIVE
MILTON, FL 32583 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHANCY, GUY
Address: 5968MOORS OAKS DR.
City-St-Zip: MILTON, FL 32583

Title: P ( ) Delete
Name: JOSEPHSON, MARK
Address: 5853MOORS OAKS DRIVE
City-St-Zip: MILTON, FL 32583

Title: T ( ) Delete
Name: BRUPBACHER, DANIEL
Address: 5984 MOORS OAKS DRIVE
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete
Name: STEPHENS, BARRY
Address: 5960 MOORS OAKS DR.
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete
Name: HUERKAMP, NANCY
Address: 5872 MOORS OAKS DR.
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete
Name: BRUPBACHER, ALICE
Address: 5984 MOORS OAKS DR
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: SCHLIETER, WILLARD R
Address: 6008 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:

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

Title: P (X) Change ( ) Addition
Name: BRUPBACHER, ALICE
Address: 5984 MOORS OAKS DR
City-St-Zip: MILTON, FL 32583

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: DANIEL J. BRUPBACHER T 01/26/2009

Electronic Signature of Signing Officer or Director — Date