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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001634 (5)

1. Corporation Name

MOSES CREEK OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7160 A1A SOUTH
ST AUGUSTINE FL 320867160 A1A SOUTH
ST AUGUSTINE FL 32086-81073. Date Incorporated or Qualified
04/13/19933a. Date of Last Report
06/28/1996

2. Principal Place of Business

2a. Mailing Address

21 ~~7160 A1A So.~~26 ~~7160 A1A So.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 St. Augustine,

23 ~~St. Augustine, FL~~28 ~~St. Augustine, FL~~

Zip

Country

Zip

Country

24 ~~08080~~25 ~~USA~~29 ~~32086-8107~~30 ~~USA~~

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUTTLE, ROBERT L
7160 A1A SOUTH
ST AUGUSTINE FL 32086

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SUTTLE, ROBERT L
STREET ADDRESS 7160 A1A SOUTH
CITY - ST - ZIP ST AUGUSTINE FL 320861.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE T ☐ DELETE
NAME SUTTLE, MILDRED M.
STREET ADDRESS 7160 A1A SO.
CITY - ST - ZIP ST. AUGUSTINE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE T ☐ DELETE
NAME NEMRAVA, ALMA
STREET ADDRESS 7160 A1A SO.
CITY - ST - ZIP ST. AUGUSTINE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. SUTTLE
PRESIDENT, MILDRED SUTTLE 904 461 5613

Date

Daytime Phone # 0001821

CR2E037 (9/96)