

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765944 (4)
1. Corporation Name
SOUTHWINDS AT THE MOORINGS ASSOCIATION, INC.



Principal Place of Business: 2125 WINDWARD WAY, VERO BCH FL 32963
Mailing Address: C/O VISTA PROPERTIES, 100 VISTA ROYAL BLVD, VERO BEACH FL 32963, US

3. Date Incorporated or Qualified: 12/02/1982
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2250249
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: BROWN, BRUCE, 1250 W SOUTHWINDS BLVD, VERO BEACH FL 32963
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
TITLE: PD	NAME: BROWN, BRUCE	11 TITLE:	ALLEN MARY L.
STREET ADDRESS: 1250 W SOUTHWIND BLVD / STE - 117	CITY-ST-ZIP: VERO BEACH FL	12 NAME:	1250 W. SOUTHWINDS BLVD #211
		13 STREET ADDRESS:	VERO BEACH FL 32963
		14 CITY-ST-ZIP:	
TITLE: VD	NAME: MACINNES, DAVE	21 TITLE:	
STREET ADDRESS: 2205 N SOUTHWINDS BLVD / STE - 207	CITY-ST-ZIP: VERO BEACH FL	22 NAME:	
		23 STREET ADDRESS:	
		24 CITY-ST-ZIP:	
TITLE: DT	NAME: QUINDLEN, JACK	31 TITLE:	
STREET ADDRESS: 2205 SOUTHWIND BLVD / STE - 306	CITY-ST-ZIP: VERO BEACH FL	32 NAME:	
		33 STREET ADDRESS:	
		34 CITY-ST-ZIP:	
TITLE: D	NAME: KOTKOWSKI, ROSEMARY	41 TITLE:	
STREET ADDRESS: 1250 W SOUTHWINDS BLVD	CITY-ST-ZIP: VERO BEACH FL	42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE: DS	NAME: CIRONE, RALPH	51 TITLE:	
STREET ADDRESS: 1250 W SOUTHWINDS BLVD. #111	CITY-ST-ZIP: VERO BEACH FL	52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
TITLE: D	NAME: VANSINGEL, EDWARD	61 TITLE:	
STREET ADDRESS: 2205 N SOUTHWINDS BLVD. #107	CITY-ST-ZIP: VERO BEACH FL	62 NAME:	
		63 STREET ADDRESS:	
		64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/11/96 DAYTIME PHONE: _____

CR2E037 (12/95)