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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32962-3732 US**

3. Date Incorporated or Qualified: **12/02/1982**
 3a. Date of Last Report: **04/24/1996**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 59-2250249	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip		Country	
City & State		City & State		Zip		Zip		Country		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, BRUCE 1250 W SOUTHWINDS BLVD. VERO BEACH FL 32983				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				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 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, BRUCE	1.2 NAME	Allen, Mary
STREET ADDRESS	1250 W SOUTHWIND BLVD / STE - 117	1.3 STREET ADDRESS	1250 W. Southwinds Blvd #211
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	S/D
NAME	MACINNES, DAVE	2.2 NAME	McLaughlin, Marilyn
STREET ADDRESS	2205 N SOUTHWINDS BLVD / STE - 207	2.3 STREET ADDRESS	2210 Southwinds Blvd #320
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	Shulman, Leonard D
NAME	QUINDLEN, JACK	3.2 NAME	1250 W. Southwinds Blvd #216
STREET ADDRESS	2205 SOUTHWIND BLVD / STE - 306	3.3 STREET ADDRESS	VERO BEACH, FL 32963
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTKOWSKI, ROSEMARY	4.2 NAME	
STREET ADDRESS	1250 W SOUTHWINDS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIRONET, RALPH	5.2 NAME	
STREET ADDRESS	1250 W SOUTHWINDS BLVD. #111	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANSINGEL, EDWARD	6.2 NAME	
STREET ADDRESS	2205 N SOUTHWINDS BLVD. #107	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	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)(i), 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 **BRUCE BROWN** PRESIDENT & DIRECTOR Date **3/28/97** Daytime Phone # **0020730**

CR2E037 (9/96)