

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90437 038 ****61.25

DOCUMENT # 765944
 1. Entity Name
SOUTHWINDS AT THE MOORINGS ASSOCIATION, INC.



Principal Place of Business
 2125 WINDWARD WAY
 VERO BCH, FL 32963

Mailing Address
 C/O VISTA PROPERTIES MANAGEMENT, INC.
 100 VISTA ROYALE BLVD.
 VERO BEACH, FL 32963 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

40060501



03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2250249

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, JAY S
 2500 N. MILITARY TRAIL
 SUITE 490
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME ① PD GARVEY, TOM	<input type="checkbox"/> Delete
STREET ADDRESS 2250 SOUTHWINDS BLVD. #326	
CITY-ST-ZIP VERO BEACH, FL 32963	
TITLE NAME ② VPD BRIGGS, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS 1250 WEST SOUTHWINDS BOULEVARD #312	
CITY-ST-ZIP VERO BEACH, FL 32963	
TITLE NAME ③ VPD DONLEY, TERRENCE	<input type="checkbox"/> Delete
STREET ADDRESS 2185 WINDWARD WAY	
CITY-ST-ZIP VERO BEACH, FL 32963	
TITLE NAME D MEYER, KAREN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2235 WINDWARD WY	
CITY-ST-ZIP VERO BEACH, FL 32963	
TITLE NAME D MINGIN, HERBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1250 WEST SOUTHWINDS BOULEVARD #318	
CITY-ST-ZIP VERO BEACH, FL 32963	
TITLE NAME SD BAKER, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2205 N. SOUTHWINDS BLVD. #208	
CITY-ST-ZIP VERO BEACH, FL 32963	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME Tom Garvey	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME ④ Sam San Miguel	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2250 Southwinds Blvd	
CITY-ST-ZIP Vero Beach, FL 32963	
TITLE NAME TREAS ⑤ TD Gundy, William	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2250 Southwinds Blvd # 226	
CITY-ST-ZIP Vero Beach, FL 32963	
TITLE NAME ⑥ Leeming, Deborah	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1250 Southwinds Blvd # 115	
CITY-ST-ZIP Vero Beach, FL 32963	
TITLE NAME SEC ⑦ Terry, Louise	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2210 Southwinds Blvd # 322	
CITY-ST-ZIP Vero Beach, FL 32963	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tom Garvey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/06 (772) 234-8686
 Date Daytime Phone #