


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90311 001 *****9.57
04-16-2007 90311 002 *****51.68

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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 - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
LEVINE, JAY S 2500 N. MILITARY TRAIL SUITE 490 BOCA RATON, FL 33431		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	11. \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARVEY, TOM 2250 SOUTHWINDS BLVD. #326 VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry, Louise 2210 S. Southwinds Blvd #322 Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRIGGS, NANCY 1250 WEST SOUTHWINDS BOULEVARD #312 VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edwards, John W. 2215 Windward Way Vero Beach, FL 32963 <input type="checkbox"/> Change <input type="checkbox"/> Addition Director	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO VPD DONLEY, TERRENCE 2185 WINDWARD WAY VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRES. SAN MIGUEL, FRANCISCO 2250 SOUTHWINDS BLVD #223 VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAN MIGUEL, FRANCISCO 2250 S. SOUTHWINDS BLVD #223, V.B., FL 32963 <input type="checkbox"/> Change <input type="checkbox"/> Addition PRES.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUNDY, WILLIAM 2250 SOUTHWINDS BLVD 226 VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LD LEEMING, DEBORAH 1250 SOUTHWINDS BLVD 115 VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>T.R. Donley</u> <u>V.P.</u>		Date: <u>4/11/07</u>	Daytime Phone #: <u>772-231-4566</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				