

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90018 041 ****61.25

DOCUMENT # N01478		
1. Entity Name THE MOORINGS PROFESSIONAL BUILDING ASSOCIATION, INC.		

Principal Place of Business 2335 9TH ST. N #504 - GULFVIEW NAPLES FL 34103 US	Mailing Address 2335 9TH ST. N #504 - GULFVIEW NAPLES FL 34103 US
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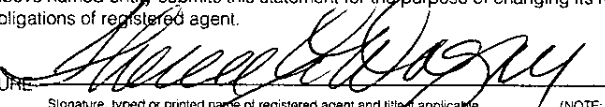
2. Principal Place of Business Suite, Apt. #, etc. Suite 505	3. Mailing Address Suite, Apt. #, etc. Suite 505
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent ROSEN, RUSSELL V. 2329 9TH STREET NORTH NAPLES FL 34103	
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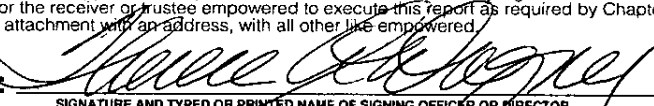
7. Name and Address of New Registered Agent Name GULF VIEW PROPERTY MGMT.	
Street Address (P.O. Box Number is Not Acceptable) 2335 9th ST. No. #505	
City NAPLES	FL Zip Code 34103

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 4/2/04

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSEN, RUSSELL V. 2329 9TH STREET NORTH NAPLES FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLD, DENNIS 2335 9TH ST N NAPLES FL 34103 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAGNER, THERESE A 2335 9TH ST-NO NAPLES FL 34103 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 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: 	DATE 4/2/04 DAYTIME PHONE # 239-403-7991