2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) **FILED** Jan 26, 2005 08:00 AN DOCUMENT # No1478 **Secretary of State** 1. Entity Name THE MOORINGS PROFESSIONAL BUILDING ASSOCIATION, INC. Principal Place of Business Mailing Address 2335 9TH ST. N SUITE 505-GULFVIEW NAPLES FL 34103 2335 9TH ST. N SUITE 505-GULFVIEW NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GULFVIEW PROPERTY MGMT. Street Address (P.O. Box Number is Not Acceptable) 2335 9TH ST. NO. #505 NAPLES FL 34103 Zip Code FL 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE Signal to Typed or printed hame of registered agent and title it hophicable (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete titut. ☐ Change ☐ Addition ROSEN, RUSSELL V. NAME 2329 9TH STREET NORTH CERT ANDRES STREET ADDRESS U00000197405 NAPLES FL 01/27/05-80010-014 61.25 rate of ar CITY ST- &P HILL Delete Hut Change ☐ Addition GOLD, DENNIS NAME 2335 9TH ST N STREET ADDRESS STAR-T Alltowers NAPLES FL 34103 FILE STORE CITY-ST-ZIP mare Delete HILE Change Addition WAGNER, THERESE A NAME NAME 2335 9TH ST NO CIME LADDRESS STREET ADDRESS NAPLES FL 34103 DEC 51-70 CITY-ST-ZIP ithe ☐ Delete TITLE Сhange Addition MALAL NAM: "THEFT AGENERS" STREET ADDRESS (if x 51, 70) CITY ST. 7(P 0.66 Defele HILE ☐ Change Addition MALAN 5 febril Attpaces STREET ADDRESS City at 709 CITY ST ZIP Die ☐ Delete FOLE Change ☐ Addition NAM NAME SPECIALISM & STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 the information of 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 exempt a section 119.07(3)(ii). Florida Statutes in 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 exempt a supplemental report is true and accurate and the information indicated on this report of the corporation or the receiver or trustee empowered to exempt a supplemental report is true and accurate and the information indicated on the supplemental report is true and accurate and the information indicated on the supplemental report is true and accurate and the information indicated on the supplemental report is true and accurate and the information indicated on the supplemental report is true and accurate and the information indicated on the supplemental report is true and accurate and ac

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SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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