

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N30425 (5)**  
1. Corporation Name  
**THE MOORINGS OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **4634 SW 12 PLACE STE 215 CAPE CORAL FL 33914 US**  
Mailing Address: **4634 SW 12 PLACE STE 215 CAPE CORAL FL 33914 US**

3. Date Incorporated or Qualified: **01/31/1989**  
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business: **4718, 4634, 4622 S.W. 12th. Pl.**  
2a. Mailing Address: **P.O. Box 1558**

4. FEI Number: **65-0200736**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: **[22] [27]**

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

City & State: **23 Cape Coral, FL**  
28 **Cape Coral, FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **24 33914** Country: **25 US**  
Zip: **29 33910** Country: **30 US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**ZLOBL, ROBERT S.  
4634 SW 12TH PL  
STE 215  
CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent:  
81 Name: **Vaughan, Stanley**  
82 Street Address (P.O. Box Number is Not Acceptable): **4622 S.W. 12th. Place #125**  
83  
84 City: **Cape Coral** FL 85 Zip Code: **33914**

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: *Stanley W. Vaughan* **Stanley Vaughan** DATE: **4-15-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/>
NAME	<b>ZLOBL, ROBERT S.</b>	
STREET ADDRESS	<b>4634 SW 12TH PL #215</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>HORVAY, LESLIE</b>	
STREET ADDRESS	<b>4634 SW 12 PL #218</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>VAUGHAN, STANLEY</b>	
STREET ADDRESS	<b>4622 SW 12 PL #125</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>Kimmerly, Robert</b>	<input type="checkbox"/>
NAME	<b>4718 S.W. 12th. Place #209</b>	
STREET ADDRESS	<b>Cape Coral, FL 33914</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>T D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>P D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>S D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Stanley Vaughan* **Stanley Vaughan, Pres.** DATE: **4-15-96** Daytime Phone #: **941-945-7509**  
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)