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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

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 ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
4718 4634 4622 SW 12TH PL STE 215 CAPE CORAL FL 33914 US	PO BOX 1558 STE 215 CAPE CORAL FL 33910-1558 US

3. Date Incorporated or Qualified: 01/31/1989
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business
21: 4821 Coronado Pkwy
22: Suite, Apt. #, etc.
23: City & State: Cape Coral FL
24: Zip: 33904
25: Country: Lee

2a. Mailing Address
26: PO Box 1282
27: Suite, Apt. #, etc.
28: City & State: Cape Coral, FL
29: Zip: 33910
30: Country: Lee

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

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

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

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

9. Name and Address of Current Registered Agent

VAUGHAN, STANLEY
4622 SW 12TH PL 125
STE 215
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name: Curtis Wassberg
82 Street Address (P.O. Box Number is Not Acceptable): 4821 Coronado Pkwy
83:
84 City: Cape Coral FL 85 Zip Code: 33904

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 Vaughan Curtis Wassberg 3-11-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HORVAY, LESLIE		1.2 NAME		
STREET ADDRESS	4634 SW 12 PL #218		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	VAUGHAN, STANLEY		2.2 NAME	NEGLIA, ANTHONY	
STREET ADDRESS	4622 SW 12 PL #125		2.3 STREET ADDRESS	4718 SW 12th PLACE #110	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	SD	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	KIMMERLY, ROBERT		3.2 NAME	CROUTHERS, RUSSELL	
STREET ADDRESS	4718 SW 12TH PL 209		3.3 STREET ADDRESS	4718 SW 12th PL. #207	
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP	CAPE Coral, FL 33914	
TITLE		☐ DELETE	4.1 TITLE	VPD	☐ Change ☒ Addition
NAME			4.2 NAME	BARTON, BETTY	
STREET ADDRESS			4.3 STREET ADDRESS	4634 SW 12th PL. #114	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CAPE Coral, FL 33914	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	BEARDEN, Joseph	
STREET ADDRESS			5.3 STREET ADDRESS	4634 SW 12th PL. #215	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Russell Crouthers PRESIDENT 3-11-97