

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 4821 CORONADO PKWY, CAPE CORAL FL 33914, US  
Mailing Address: PO BOX 1282, CAPE CORAL FL 33910, US

3. Date Incorporated or Qualified: 01/31/1989  
4. FEI Number: 65-0200736

2. Principal Place of Business: 4821 Coronado Pkwy, Cape Coral, Florida, 33904, Lee  
2a. Mailing Address: P.O. Box 1282, Cape Coral, Florida, 33910, Lee

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes

9. Name and Address of Current Registered Agent: CURTIS WASSBERG, 4821 CORONADO PKWY, STE 215, CAPE CORAL FL 33914

10. Name and Address of New Registered Agent: Name: Curtis Wassberg, Street Address: 4821 Coronado Pkwy, City: Cape Coral, FL, 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: Curtis Wassberg, DATE: 3-20-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
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	SD	2.1 TITLE	D
NAME	NEGLIA ANTHONY	2.2 NAME	
STREET ADDRESS	4718 SW 12TH PL 110	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	CROUTERS RUSSELL	3.2 NAME	
STREET ADDRESS	4718 SW 12TH PL 207	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	BARTON BETTY	4.2 NAME	
STREET ADDRESS	4634 SW 12TH PL 114	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BRARDEN JOSEPH	5.2 NAME	
STREET ADDRESS	4634 SW 12TH PL 215	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	SD
NAME		6.2 NAME	BILIKIEWICZ JANE
STREET ADDRESS		6.3 STREET ADDRESS	4634 SW 12TH PLACE, #116
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CAPE CORAL, FL 33914

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Leslie Horvay, DATE: 3-20-98, (641) 571-0728

CR2E037 (10/97)