

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90079 020 ****61.25

0060307

DOCUMENT # N30425

1. Corporation Name

THE MOORINGS OF CAPE CORAL CONDOMINIUM ASSOCIATI
ON, INC.

Principal Place of Business

4821 CORONADO PKWY
CAPE CORAL FL 33904
US

Mailing Address

PO BOX 1282
CAPE CORAL FL 33910-282
US



2. Principal Place of Business

21 P.O. Box 1448
Suite, Apt. #, etc.

22 City & State
23 CAPE CORAL FL

24 Zip 33904 25 Country USA

2a. Mailing Address

26 P.O. Box 1448
Suite, Apt. #, etc.

27 CAPE CORAL FL
28 City & State

29 Zip 33910 30 Country USA

3. Date Incorporated or Qualified

01/31/1989

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

9. Name and Address of Current Registered Agent

WASSBERG, CURTIS
4821 CORONADO PKWY
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name CURTIS WASSBERG
82 Street Address (P.O. Box Number is Not Acceptable)
1303 S.E. 34th Terrace
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TD
STREET ADDRESS HORVAY, LESLIE
CITY-ST-ZIP 4634 SW 12 PL #218
CAPE CORAL FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS NEGLIA ANTHONY
CITY-ST-ZIP 4718 SW 12TH PL 110
CAPE CORAL FL

TITLE ☒ DELETE
NAME PD
STREET ADDRESS CROUTHERS RUSSELL
CITY-ST-ZIP 4718 SW 12TH PL 207
CAPE CORAL FL

TITLE ☐ DELETE
NAME VPD
STREET ADDRESS BARTON BETTY
CITY-ST-ZIP 4634 SW 12TH PL 114
CAPE CORAL FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS BILKIEWICZ, JANE
CITY-ST-ZIP 4634 SW 12TH PLACE 1, #116
CAPE CORAL FL 33914

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME NEGLIA, ANTHONY
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME PD
BARTON, BETTY
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D
STANN, ROBERT
6.3 STREET ADDRESS 4622 SW 12th PL, #122
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)(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, with all other like empowered.

SIGNATURE:

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

Treasurer 20 Jan 99 9415401212
Date Daytime Phone #

CR2E037 (11/98)