


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90015 004 ****61.25

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1. Entity Name
RIVER MOORINGS OWNERS' ASSOCIATION, INC.



Principal Place of Business
**495 RIVER MOORINGS DR.
 MERRITT ISLAND, FL 32953**


Mailing Address
**P.O. BOX 540426
 MERRITT ISLAND, FL 32954-0426**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3460156

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MENYHART, ANDREW W
 160 MCLEOD ST.
 MERRITT ISLAND, FL 32953**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, GLENN	
STREET ADDRESS	645 RIVER MOORINGS DR	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHEFFIELD, SALLY	
STREET ADDRESS	565 RIVER MOORINGS DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERRANDO, VINCENT	
STREET ADDRESS	475 RIVER MOORINGS DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	P	<input type="checkbox"/> Delete
NAME	VAYDA, JEFF	
STREET ADDRESS	640 RIVER MOORINGS DR.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEIGHLEY, KAY	
STREET ADDRESS	800 WILD FLOWER ST	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address, with all other like empowered.

SIGNATURE: Sally Sheffield 2-20-06 321-452-0540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #