


FILE NOW: FILING FEE IS \$61.25

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Jul 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000435 (5)**

1. Corporation Name

**THE MOORINGS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>C/O BRUCE G. HERMELEE, ESQ. 200 SOUTH BISCAYNE BLVD. #4920 MIAMI FL 33131</b>	Mailing Address <b>C/O BRUCE G. HERMELEE, ESQ. 200 SOUTH BISCAYNE BLVD. #4920 MIAMI FL 33131-2340</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>01/22/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0718693</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HERMELEE, BRUCE G 200 SOUTH BISCAYNE BLVD. #4920 MIAMI FL 33131</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BARTON, CHARLES</b>
STREET ADDRESS	<b>3465 SOUTH MOORINGS WAY</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D JONES, CODY</b>
STREET ADDRESS	<b>3427 NORTH MOORINGS WAY</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D PLASKY, EILEEN</b>
STREET ADDRESS	<b>3485 NORTH MOORINGS WAY</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D TORNEK, LAWRENCE</b>
STREET ADDRESS	<b>3455 SOUTH MOORINGS WAY</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D REIERSON, NANCY</b>
STREET ADDRESS	<b>3311 SOUTH MOORINGS WAY</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D LICHTIGER, BOBBI</b>
STREET ADDRESS	<b>3475 SOUTH MOORINGS WAY</b>
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TREASURER</b>
5.3 STREET ADDRESS	<b>JOHN G. IMMER</b>
5.4 CITY-ST-ZIP	<b>3837 N. MOORINGS CT.</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>COCONUT GROVE, FL 33133</b>
6.3 STREET ADDRESS	<b>Secretary</b>
6.4 CITY-ST-ZIP	<b>STACY EDGEHILL GALLOWHUR</b>

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: *[Signature]* 5/1/97 (351463-1932)

CR2E037 (9/96)