2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000435

FILED Apr 29, 2008 Secretary of State

Entity Name: THE MOORINGS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O BRUCE G. HERMELEE, ESQ 101 NE 3RD AVENUE, SUITE 1110 FORT LAUDERDALE, FL 33301 **New Mailing Address: Current Mailing Address:** C/O BRUCE G. HERMELEE, ESQ. C/O LAWRENCE D. TORNEK 101 NE 3RD AVENUE, SUITÉ 1110 100 MIRACLE MILE, SUITE 310 FORT LAUDERDALE, FL 33301 CORAL GABLES, FL 33134 FEI Number: 65-0718693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERMELEE, BRUCE G ESQ 101 NE 3RD AVENUE **SUITE 1110** FORT LAUDERDALE, FL 331311506 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HARRIS, KATHY BARTON, ANA Name: Name: 3550 N MOORINGS WAY Address: 3465 SOUTH MOORINGS WAY Address: City-St-Zip: MIAMI, FL 331336540 US City-St-Zip: MIAMI, FL 33133 US Title: () Delete Title: (X) Change () Addition TORNEK, LARRY Name: TORNEK, LARRY Name: Address: 3455 S MOORINGS WAY Address: 3455 S MOORINGS WAY City-St-Zip: MIAMI, FL 33133 US City-St-Zip: MIAMI, FL 33133 US Title: () Delete Title: () Change () Addition SHERE, STEVE Name: Name: Address: 3510 S MOORINGS WAY Address: City-St-Zip: MIAMI, FL 33133 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: POSES, KATHY Name: 3450 N MOORINGS WAY Address: Address: City-St-Zip: MIAMI, FL 33133 US City-St-Zip: Title: () Delete Title: () Change () Addition LICHTIGER, BOBBI Name: Name: 3475 S MOORINGS WAY Address: Address: City-St-Zip: MIAMI, FL 33133 US City-St-Zip: Title: () Delete Title: (X) Change () Addition BERMONT, KERRIN BERMONT, PETER Name: Name: Address: 3427 N MOORINGS WAY Address: 3427 N MOORINGS WAY

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL 33133 US

SIGNATURE: LAWRENCE TORNEK AT 04/29/2008

MIAMI, FL 33133 US

City-St-Zip: