

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000435

FILED
Jan 19, 2009
Secretary of State

Entity Name: THE MOORINGS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O BRUCE G. HERMELEE, ESQ.
101 NE 3RD AVENUE, SUITE 1110
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

C/O LAWRENCE D. TORNEK
100 MIRACLE MILE, SUITE 310
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0718693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMELEE, BRUCE G ESQ
101 NE 3RD AVENUE
SUITE 1110
FORT LAUDERDALE, FL 331311506 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: BARTON, ANA
Address: 3465 SOUTH MOORINGS WAY
City-St-Zip: MIAMI, FL 33133 US

Title: AT () Delete
Name: TORNEK, LARRY
Address: 3455 S MOORINGS WAY
City-St-Zip: MIAMI, FL 33133 US

Title: V () Delete
Name: SHERE, STEVE
Address: 3510 S MOORINGS WAY
City-St-Zip: MIAMI, FL 33133 US

Title: V () Delete
Name: POSES, KATHY
Address: 3450 N MOORINGS WAY
City-St-Zip: MIAMI, FL 33133 US

Title: V () Delete
Name: LICHTIGER, BOBBI
Address: 3475 S MOORINGS WAY
City-St-Zip: MIAMI, FL 33133 US

Title: S () Delete
Name: BERMONT, PETER
Address: 3427 N MOORINGS WAY
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LARRY TORNEK

AT

01/19/2009

Electronic Signature of Signing Officer or Director

Date