## 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:  CIO BRUCE G. HERMELEE, ESQ (101 NE 3PD AVENUE SUITE 1110 FORT LAUDERDALE, FL 33301 US  Current Mailing Address:  CIO LAWRENCE D. TORNEK (100 MIRACLE MILE, SUITE 310 CORAL GABLES, FL 33134 US FEI Number 8:6-0718693 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 3PD AVENUE SUITE 1110 FORT LAUDERDALE, FL 33131506 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  OFFICERS AND DIRECTORS:  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE:  T () Delete Name: BARTON, ANA Address: SHARTON, ANA Ad						
101 NE 3RD AVENUE, SUITE 1110	Current P	rincipal Plac	e of Business:	New Principal Pla	New Principal Place of Business:	
COD LAWRENCE D. TORNEK 100 MIRACLE MILE, SUITE 310 CORRAL GABLES, FL 33134 US 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 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	101 NE 3R	RD AVENUE, S	SUITÉ 1110			
100 MIRACLE MILE, SUITE 310 CORAL GABLES, FL 33134 US  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  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:    Electronic Signature of Registered Agent   Date    OFFICERS AND DIRECTORS:    Title:	Current M	lailing Addre	ss:	New Mailing Add	New Mailing Address:	
Name and Address of Current 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	100 MIRAC	CLE MILE, SU	ITE 310			
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101 NE 3RD AVENUE   SUITE 1110	Name and	Address of	Current Registered Agent:	Name and Addres	ss of New Registered Agent:	
SIGNATURE:	101 NE 3R SUITE 111 FORT LAU	RD AVENUE 0 JDERDALE, F	L 331311506 US	rnoco of changing its registr	ored office or registered agent or both	
Electronic Signature of Registered Agent			submits this statement for the pu	rpose of changing its regist	ered office of registered agent, or both,	
OFFICERS AND DIRECTORS:         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS           Title:         T ( ) Delete         Title: ( ) Change ( ) Addition           Name:         BARTON, ANA         Name:         Address:           3465 SOUTH MOORINGS WAY         Address:         City-St-Zip:           Title:         AT ( ) Delete         Title: ( ) Change ( ) Addition           Name:         TORNEK, LARRY         Name:           Address:         3455 S MOORINGS WAY         Address:           City-St-Zip:         MIAMI, FL 33133 US         City-St-Zip:           Title:         V ( ) Delete         Title: ( ) Change ( ) Addition           Name:         SHERE, STEVE         Name:           Address:         3510 S MOORINGS WAY         Address:           City-St-Zip:         MIAMI, FL 33133 US         City-St-Zip:           Title:         V ( ) Delete         Title: ( ) Change ( ) Addition           Name:         Address:         City-St-Zip:           Title:         V ( ) Delete         Title: ( ) Change ( ) Addition           Name:         Address:         City-St-Zip:           Title:         V ( ) Delete         Title: ( ) Change ( ) Addition           Name:         Address:         City-St-Zip:           Title: </td <td>SIGNATUF</td> <td>RE:</td> <td></td> <td></td> <td></td>	SIGNATUF	RE:				
Title:		Electro	nic Signature of Registered Agen	t	Date	
Name: BARTON, ANA	OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: TORNEK, LARRY	Name: Address:	BARTON, ANA 3465 SOUTH N	MOORINGS WAY	Name: Address:	( ) Change ( ) Addition	
Name: SHERE, STEVÉ 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 Title: V () Change () Addition Name: Address: City-St-Zip: MIAMI, FL 33133 US  City-St-Zip: MIAMI, FL 33133 US  Title: V () Delete Title: () Change () Addition Name: LICHTIGER, BOBBI Name: LICHTIGER, BOBBI Address: 3475 S MOORINGS WAY Address: City-St-Zip: MIAMI, FL 33133 US  City-St-Zip: MIAMI, FL 33133 US  Title: S () Delete Title: () Change () Addition Name: Address: () Change () Addition Name: BERMONT, PETER Name: BERMONT, PETER Name: Address: 3427 N MOORINGS WAY Address: 3427 N MOORINGS WAY Address:	Name: Address:	TORNEK, LAR 3455 S MOOR	RY INGS WAY	Name: Address:	( ) Change ( ) Addition	
Name:         POSES, KATHY         Name:           Address:         3450 N MOORINGS WAY         Address:           City-St-Zip:         MIAMI, FL 33133 US         City-St-Zip:           Title:         V () Delete         Title: () Change () Addition           Name:         LICHTIGER, BOBBI         Name:           Address:         3475 S MOORINGS WAY         Address:           City-St-Zip:         MIAMI, FL 33133 US         City-St-Zip:           Title:         S () Delete         Title: () Change () Addition           Name:         BERMONT, PETER         Name:           Address:         3427 N MOORINGS WAY         Address:	Name: Address:	SHERE, STEV 3510 S MOOR	E INGS WAY	Name: Address:	() Change () Addition	
Name: LICHTIGER, BOBBI Name: Address: 3475 S MOORINGS WAY Address: City-St-Zip: MIAMI, FL 33133 US City-St-Zip:  Title: S () Delete Title: () Change () Addition Name: BERMONT, PETER Name: Address: 3427 N MOORINGS WAY Address:	Name: Address:	POSES, KATH 3450 N MOOR	Y INGS WAY	Name: Address:	( ) Change ( ) Addition	
Name: BERMONT, PETER Name: Address: 3427 N MOORINGS WAY Address:	Name: Address:	LICHTIGER, B 3475 S MOOR	OBBI INGS WAY	Name: Address:	( ) Change ( ) Addition	
	Name: Address:	BERMONT, PE 3427 N MOOR	TER INGS WAY	Name: Address:	( ) Change ( ) Addition	

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