

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000012141

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** THE MOORINGS OF CLERMONT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6329 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

6329 STATE ROAD 54  
NEW PORT RICHEY, FL 34653 US

**Current Mailing Address:**

6329 STATE ROAD 54  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

6329 STATE ROAD 54  
NEW PORT RICHEY, FL 34653 US

**FEI Number:** 26-2280913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIDHU, RATINDER  
6329 STATE ROAD 54  
NEW PORT RICHEY, FL 34565 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: PTD  
Name: DHALIWAL, GUNWANT S  
Address: 6329 STATE ROAD 54  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VPD  
Name: DHALIWAL, TEJINDER  
Address: 6329 STATE ROAD 54  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: STD  
Name: SIDHU, RATINDER  
Address: 6329 STATE ROAD 54  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

I hereby 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 all other like empowered.

**SIGNATURE:** GUNWANT S DHALIWAL

PTD

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date