

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30425

Entity Name: THE MOORINGS OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 19, 2023
Secretary of State
5445503506CC**Current Principal Place of Business:**STS PROPERTY MANAGEMENT
12553 NEW BRITTANY BLVD 32-02
FT MYERS, FL 33907**Current Mailing Address:**STS PROPERTY MANAGEMENT
PO BOX 07176
FT MYERS, FL 33919 US**FEI Number: 65-0200736****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CLARK, CARA
STS PROPERTY MANAGEMENT
12553 NEW BRITTANY BLVD 32-02
FT MYERS, FL 33907 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:** CARA CLARK

01/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	WHITTLEF, DARWIN
Address	STS PROPERTY MANAGEMENT PO BOX 07176
City-State-Zip:	FT MYERS FL 33919

Title	DIRECTOR
Name	KOPPER, WILLIAM
Address	STS PROPERTY MANAGEMENT PO BOX 07176
City-State-Zip:	FT MYERS FL 33919

Title	VP
Name	CANALE, TONY
Address	STS PROPERTY MANAGEMENT PO BOX 07176
City-State-Zip:	FT MYERS FL 33919

Title	TREASURER, SECRETARY
Name	DIVICO, DENNIS
Address	STS PROPERTY MANAGEMENT PO BOX 07176
City-State-Zip:	FT MYERS FL 33919

Title	DIRECTOR
Name	TIBERIO, ANNETTE
Address	STS PROPERTY MANAGEMENT PO BOX 07176
City-State-Zip:	FT MYERS FL 33919

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: WHITTLEF , DARWIN**PRESIDENT**

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date