

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30425

FILED
Mar 10, 2024
Secretary of State
6717289741CC

Entity Name: THE MOORINGS OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

RIVER ASSOCIATION MANAGEMENT INC
3444 MARINATOWN LN SUITE 17
N FORT MYERS, FL 33903

Current Mailing Address:

RIVER ASSOCIATION MANAGEMENT INC
PO BOX 568
CAPE CORAL, FL 33991 US

FEI Number: 65-0200736

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVER ASSOCIATION MANAGEMENT INC
RIVER ASSOCIATION MANAGEMENT INC
3444 MARINATOWN LN SUITE 17
N FORT MYERS, FL 33903 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: FAITH STACY

03/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WHITTLEF, DARWIN
Address RIVER ASSOCIATION MANAGEMENT
 INC
 PO BOX 568
City-State-Zip: CAPE CORAL FL 33991

Title DIRECTOR
Name KOPPER, WILLIAM
Address RIVER ASSOCIATION MANAGEMENT
 INC
 PO BOX 568
City-State-Zip: CAPE CORAL FL 33991

Title VP
Name CANALE, TONY
Address RIVER ASSOCIATION MANAGEMENT
 INC
 PO BOX 568
City-State-Zip: CAPE CORAL FL 33991

Title TREASURER, SECRETARY
Name DIVICO, DENNIS
Address RIVER ASSOCIATION MANAGEMENT
 INC
 PO BOX 568
City-State-Zip: CAPE CORAL FL 33991

Title DIRECTOR
Name TIBERIO, ANNETTE
Address RIVER ASSOCIATION MANAGEMENT
 INC
 PO BOX 568
City-State-Zip: CAPE CORAL FL 33991

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: DARWIN WHITTLEF

PRESIDENT

03/10/2024

Electronic Signature of Signing Officer/Director Detail

Date