

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30425

Entity Name: THE MOORINGS OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**AMERICAN CONDO MANAGEMENT
4223 DEL PRADO BLVD S
CAPE CORAL, FL 33904**Current Mailing Address:**AMERICAN CONDO MANAGEMENT
PO BOX 100399
CAPE CORAL, FL 33910 US**FEI Number:** 65-0200736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KASE, SUSAN
C/O AMERICAN CONDOMINIUM MGMT, INC.
4223 DEL PRADO BLVD S
CAPE CORAL, FL 33904 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

Officer/Director Detail :

Title PRESIDENT
Name MCLAUGHLIN, DONALD
Address AMERICAN CONDO MANAGEMENT
 PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title VP
Name PAUTZ, WILLIAM
Address AMERICAN CONDO MANAGEMENT
 PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title SECY/TREAS
Name COFFEN, HERBERT
Address AMERICAN CONDO MANAGEMENT
 PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title DIRECTOR
Name WHEELER, HARRY
Address AMERICAN CONDO MANAGEMENT
 PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title DIRECTOR
Name WHITTLEF, DARWIN
Address AMERICAN CONDO MANAGEMENT
 PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

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**DIRECTOR****04/04/2017**

Electronic Signature of Signing Officer/Director Detail

Date