

**2015 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 PD  
Name MCLAUGHLIN, DONALD  
Address 4223 DEL PRADO BLVD S  
City-State-Zip: CAPE CORAL FL 33904

Title SECY/TREAS  
Name COFFEN, HERBERT  
Address 4223 DEL PRADO BLVD S  
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR  
Name WHITTLIF, JESS  
Address 4223 DEL PRADO BLVD S  
City-State-Zip: CAPE CORAL FL 33904

Title VP  
Name PAUTZ, WILLIAM  
Address 4223 DEL PRADO BLVD S  
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR  
Name WHEELER, HARRY  
Address 4223 DEL PRADO BLVD S  
City-State-Zip: CAPE CORAL FL 33904

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:** DONALD MCLAUGHLIN

**PRESIDENT**

**04/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date