

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30425

**FILED**  
**Feb 08, 2013**  
**Secretary of State**  
**CC5856664942**

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

**Current Principal Place of Business:**

615 CAPE CORAL PKWY W STE 101  
CAPE CORAL, FL 33914

**Current Mailing Address:**

615 CAPE CORAL PKWY W  
SUITE 101  
CAPE CORAL, FL 33914 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.  
615 CAPE CORAL PKWY W STE 101  
CAPE CORAL, FL 33914 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 WHEELER, HARRY  
Address 4634 SW 12TH PLACE # 215  
City-State-Zip: CAPE CORAL FL 33914

Title DIRECTOR  
Name PAUTZ, BILL  
Address 4718 SW 12TH PLACE # 204  
City-State-Zip: CAPE CORAL FL 33914

Title TD  
Name MCLAUGHLIN, DON  
Address 4622 SW 12TH PLACE #220  
City-State-Zip: CAPE CORAL FL 33914

Title SD  
Name COFFEN, HERBERT  
Address 4634 SW 12TH PLACE #117  
City-State-Zip: CAPE CORAL FL 33914

Title VP  
Name KLIENER, LARRY  
Address 4718 SW 12TH PLACE #111  
City-State-Zip: CAPE CORAL FL 33914

*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: HARRY WHEELER**

**PRESIDENT**

**02/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date