

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000435

**Entity Name:** THE MOORINGS PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O BRUCE G. HERMELEE, ESQ.  
2100 CORAL WAY SUITE 303  
MIAMI, FL 33145

**Current Mailing Address:**

C/O LAWRENCE D. TORNEK  
3455 SOUTH MOORINGS WAY  
COCONUT GROVE, FL 33133 US

**FEI Number:** 65-0718693**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

HERMELEE, BRUCE GESQ  
C/O BRUCE G. HERMELEE, ESQ.  
2100 CORAL WAY SUITE 303  
MIAMI, FL 33145 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           TREASURER  
Name           HARRIS, KATHY B  
Address        3550 NORTH MOORINGS WAY  
City-State-Zip: COCONUT GROVE FL 33133

Title           PRESIDENT  
Name           DIMOND, VIVIAN  
Address        3305 SOUTH MOORINGS WAY  
City-State-Zip: COCONUT GROVE FL 33133

Title           VP  
Name           LICHTIGER, BOBBI  
Address        3475 SOUTH MOORINGS WAY  
City-State-Zip: COCONUT GROVE FL 33133

Title           VP  
Name           CORRAL, JOSEPH  
Address        3462 NORTH MOORINGS WAY  
City-State-Zip: COCONUT GROVE FL 33133

Title           ASST. TREASURER  
Name           TORNEK, LAWRENCE D  
Address        3455 SOUTH MOORINGS WAY  
City-State-Zip: COCONUT GROVE FL 33133

Title           VP  
Name           POSES, KATHIE  
Address        3450 NORTH MOORINGS WAY  
City-State-Zip: COCONUT GROVE FL 33133

Title           SECRETARY  
Name           CORRAL, SILVIA  
Address        3462 NORTH MOORINGS WAY  
City-State-Zip: COCONUT GROVE FL 33133

Title           ASST. SECRETARY  
Name           MESSINGER, NEIL  
Address        3506 SOUTH MOORINGS WAY  
City-State-Zip: COCONUT GROVE FL 33133

*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:** KATHY B. HARRIS

TREASURER

03/25/2015

Electronic Signature of Signing Officer/Director Detail

Date