### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000435

Entity Name: THE MOORINGS PROPERTY OWNERS ASSOCIATION, INC.

FILED
Apr 10, 2013
Secretary of State
CC4839923444

# **Current Principal Place of Business:**

C/O BRUCE G. HERMELEE, ESQ. 7301 S.W. 57 COURT SUITE 510 SOUTH MIAMI, FL 33143

# **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 7301 S.W. 57 COURT SUITE 510 SOUTH MIAMI, FL 33143 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	Title	ASST. TREASURER
Name	HARRIS, KATHY B	Name	TORNEK, LAWRENCE D
Address	3550 NORTH MOORINGS WAY	Address	3455 SOUTH MOORINGS WAY
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133

Title PRESIDENT Title VP

Name DIMOND, VIVIAN Name POSES, KATHIE

Address 3305 SOUTH MOORINGS WAY Address 3450 NORTH MOORINGS WAY

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

Title VP Title SECRETARY

Name LICHTIGER BORBI Name HAKIM, LUCIANA

Name LICHTIGER, BOBBI Name HAKIM, LUCIANA

Address 3475 SOUTH MOORINGS WAY Address 3301 SOUTH MOORINGS WAY

City-State-Zip: COCONUT GROVE FL 33133 City-State-Zip: COCONUT GROVE FL 33133

TitleVPTitleASST. SECRETARYNameCORRAL, JOSEPHNameCORRAL, SILVIA

Address 3462 NORTH MOORINGS WAY Address 3462 NORTH MOORINGS WAY

City-State-Zip: COCONUT GROVE FL 33133

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** 

04/10/2013