#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004950

Entity Name: RIVER MOORINGS OWNERS' ASSOCIATION, INC.

FILED
Mar 10, 2016
Secretary of State
CC2980330313

## **Current Principal Place of Business:**

640 RIVER MOORINGS DR. MERRITT ISLAND. FL 32953

### **Current Mailing Address:**

P.O. BOX 540426

MERRITT ISLAND. FL 32954-0426

FEI Number: 59-3460156 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

GOLDMAN, MITCHELL S 96 WILLARD ST. SUITE 302 COCOA, FL 32922 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 TD Title SD

NameSHEFFIELD, SALLYNameFERRANDO, VINCENTAddress565 RIVER MOORINGS DR.Address475 RIVER MOORINGS DR.

City-State-Zip: MERRITT ISLAND FL 32953 City-State-Zip: MERRITT ISLAND FL 32953

Title P Title VP

Name VAYDA, JEFF Name BUONANNI, WILLIAM

Address 640 RIVER MOORINGS DR. Address 535 RIVER MOORINGS DR.

City-State-Zip: MERRITT ISLAND FL 32953 City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR
Name HOBBS, MARK

Address 505 RIVER MOORINGS DR.

City-State-Zip: MERRITT ISLAND FL 32953

SIGNATURE: SALLY SHEFFIELD

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.

Electronic Signature of Signing Officer/Director Detail

TREASURER

03/10/2016