

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004950

**FILED**  
**Feb 14, 2018**  
**Secretary of State**  
**CC1808086059**

**Entity Name:** RIVER MOORINGS OWNERS' ASSOCIATION, INC.

**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  
Name SHEFFIELD, SALLY  
Address 565 RIVER MOORINGS DR.  
City-State-Zip: MERRITT ISLAND FL 32953

Title SD  
Name FERRANDO, VINCENT  
Address 475 RIVER MOORINGS DR.  
City-State-Zip: MERRITT ISLAND FL 32953

Title P  
Name VAYDA, JEFF  
Address 640 RIVER MOORINGS DR.  
City-State-Zip: MERRITT ISLAND FL 32953

Title VP  
Name BUONANNI, WILLIAM  
Address 535 RIVER MOORINGS DR.  
City-State-Zip: MERRITT ISLAND FL 32953

Title DIRECTOR  
Name HOBBS, MARK  
Address 505 RIVER MOORINGS DR.  
City-State-Zip: MERRITT ISLAND FL 32953

*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: SALLY SHEFFIELD**

**TREASURER**

**02/14/2018**

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

\_\_\_\_\_  
Date