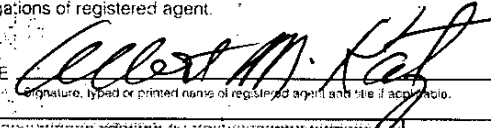


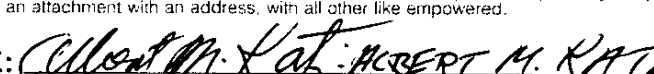
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90038 043 ****61.25

DOCUMENT # 702903 1. Entity Name THE MOORINGS OF NAPLES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 993 NAPLES FL 34106 US		Mailing Address P.O. BOX 993 NAPLES FL 34106 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1676072 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/07)	
6. Name and Address of Current Registered Agent KATZ, ALBERT 3100 GULFSHORE BLVD. N. # 403 NAPLES FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Treasurer (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating))					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KROESCHELL, BILL 272 MOORING LING DR. NAPLES FL 34102 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATZ, ALBERT 3100 GULFSHORE BLVD. N NAPLES FL 34103 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMANN, DOUG 2800 CRAYTON RD. NAPLES FL 34102 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BETH SMITH 250 SPRING LINE DR NAPLES, FL. 34102 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YANSON, CHRISTOPHER P 368 HAWSER LANE NAPLES FL 34102 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SUE WEDLICH 460 SPINNAKER DR NAPLES, FL. 34102 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENNIMAN, LINDA S 611 PORTSIDE DR. NAPLES FL 34103 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIPP, TAMMY 3252 REGATTA RD NAPLES FL 34103 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LINDA BLACK 397 MOORLING LINE DR NAPLES, FL. 34102 ☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALBERT M. KATZ**

3/18/08