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	Mailing Address
P.O. BOX 993 NAPLES FL 34106 US	P.O. BOX 993 NAPLES FL 34106 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KATZ, ALBERT 3100 GULFSHORE BLVD. N. # 403 NAPLES FL 34103	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: Albert M. Katz Treasurer
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 MOORINGLING 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 MOORING 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 ALBERT M. KATZ 3/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE