2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# 702903

Entity Name: THE MOORINGS OF NAPLES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 993
NAPLES, FL 34106 US

New Principal Place of Business:

3100 GULFSHORE BLVD. N.
#403
NAPLES, FL 34103 US

Current Mailing Address:

P.O. BOX 993
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 59-1676072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZ, ALBERT
3100 GULFSHORE BLVD. N. # 403
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	KROESCHELL, BILL	
Address:	272 MOORINGLING DR.	
City-St-Zip:	NAPLES, FL 34102	
Title:	TD	( ) Delete
Name:	KATZ, ALBERT	
Address:	3100 GULFSHORE BLVD. N	
City-St-Zip:	NAPLES, FL 34103	
Title:	S	( ) Delete
Name:	SMITH, BETH	
Address:	250 SPRING LINE DR	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	WEDLICH, SUE	
Address:	460 SPRINGMAKER DR	
City-St-Zip:	NAPLES, FL 34102	
Title:	PD	( ) Delete
Name:	PENNIMAN, LINDA S	
Address:	611 PORTSIDE DR.	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	BLACK, LINDA	
Address:	397 MOORLING LINE DR	
City-St-Zip:	NAPLES, FL 34102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALBERT M. KATZ TREA 03/29/2009
Electronic Signature of Signing Officer or Director — Date