

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715715

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** KING'S MOORINGS ASSOCIATION, INC.

**Current Principal Place of Business:**

4585 140TH AVE NO  
1012  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

4585 140TH AVE NO  
1012  
CLEARWATER, FL 33762 US

**New Mailing Address:**

**FEI Number:** 62-0863297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVE. NORTH SUITE 1012  
CLEARWATER, FL 33762 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: D  
Name: BRINKMAN, RICHARD  
Address: 4500 37TH ST SO #310  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: PD  
Name: FOSTER, LARRY  
Address: 4500 37TH AVE. SO. #107  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: VPTD  
Name: NOBLES, G E  
Address: 4500 37TH AVE. SO. #201  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: SD  
Name: CARR, TIM  
Address: 4500 37TH ST SO #210  
City-St-Zip: ST PETERSBURG, FL 33711

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: LARRY FOSTER

PRES

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date