

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90324 033 ****61.25

DOCUMENT # 723203

1. Entity Name
**THE MOORINGS OF VERO PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**C/O VISTA PROPERTIES MANAGEMENT, INC.
100 VISTA ROYALE BLVD.
VERO BEACH, FL 32963**

Mailing Address

**C/O VISTA PROPERTIES MANAGEMENT, INC.
100 VISTA ROYALE BLVD.
VERO BEACH, FL 32963**



04112005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
59-1896352

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VISTA PROPERTIES MANAGEMENT, INC.
100 VISTA ROYALE BLVD.
VERO BCH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GUTMANN, BARBARA
85 QUAIL HOLLOW DR.
CHAGRIN FALLS, OH 44022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HARREYS, JOHN
805 SPYGLASS LANE
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROSS, JEAN
300 HARBOUR DR. #103B
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BUDDEN, M ARTHUR
901 BAY RD., #201
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MORAN, JOHN D
908 SPYGLASS LN
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #