

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90022 018 ****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**

00043133



2. Principal Place of Business - No P.O. Box #:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02072008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1896352

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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, 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 SD ☐ Delete
NAME BUEBENDORF, NANCY
STREET ADDRESS 300 HARBOUR DR #104A
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☒ Change ☐ Addition
NAME *Nancy Buebendorf*
STREET ADDRESS *300 HARBOUR DR 104A*
CITY-ST-ZIP *VERO BEACH, FL 32963*

TITLE D ☒ Delete
NAME HARREYS, JOHN
STREET ADDRESS 805 SPYGLASS LANE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☒ Addition
NAME *CLIPPERT, CHARLES*
STREET ADDRESS *1880 BAY RD # 320*
CITY-ST-ZIP *VERO BEACH, FL 32963*

TITLE P ☐ Delete
NAME ERNSBERGER, JACK
STREET ADDRESS 960 LANTERN LN
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME FRANCISCO, MIGUEL
STREET ADDRESS 2250 SOUTHWINDS BLVD #318
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☒ Addition
NAME *SD BURDEN, LAURA*
STREET ADDRESS *2155 GALLEON DR E2*
CITY-ST-ZIP *VERO BEACH, FL 32963*

TITLE TD ☒ Delete
NAME MORAN, JOHN D
STREET ADDRESS 1903 BAY RD., #206
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☒ Addition
NAME *TD CHEN, TIM*
STREET ADDRESS *TREASURE LANE*
CITY-ST-ZIP *VERO BEACH, FL 32963*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

J.L. ERNSBERGER

4/8/08

772 231-4411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #