

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723203

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1896352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISTA PROPERTIES MANAGEMENT, INC.
100 VISTA ROYALE BLVD.
VERO BCH, FL 32963 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: VD () Delete
Name: BUEBENDORF, NANCY
Address: 500 HARBOUR DR 104-A
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: CLIPPERT, CHARLES
Address: 1880 BAY RD #320
City-St-Zip: VERO BEACH, FL 32963

Title: P () Delete
Name: ERNSBERGER, JACK
Address: 960 LANTERN LN
City-St-Zip: VERO BEACH, FL 32963

Title: SD () Delete
Name: BURDEN, LAURA
Address: 2155 GALLEION DR. EZ
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: CHENEY, TIM
Address: TREASURE LANE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BUEBENDORF, NANCY
Address: 500 HARBOUR DR 104-A
City-St-Zip: VERO BEACH, FL 32963

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: JACK ERNSBERGER

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date