2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726331

FILED Jul 13, 2009 Secretary of State

Entity Name: MOORINGS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 424 BRIDGETOWN COURT 407 ST. GEORGES SATELLITE BCH, FL 329370165 SATELLITE BCH, FL 329370165 **Current Mailing Address: New Mailing Address:** PO BOX 372165 SATELLITE BCH, FL 329370165 FEI Number: 51-0173612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KNIGHT, SHERRI SANDOR, VIRGINIA 408 BRIDGETOWN COURT 407 ST. GEORGES SATELLITE BEACH, FL 32937 US SATELLITE BEACH, FL 32937 US 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: VIRGINIA SANDOR 07/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HALL, CHRIS Name: Name: Address: 424 BRIDGETOWN COURT Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: HALL, JEANNINE Name: Address: 424 BRIDGETOWN COURT Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: Title: () Delete Title: (X) Change () Addition KNIGHT, SHERRI Name: SANDOR, VIRGINIA Name: 408 BRIDGETOWN COURT 407 ST. GEORGES Address: Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: SATELLITE BEACH, FL 32937

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: VIRGINA SANDOR TD 07/13/2009