

726331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

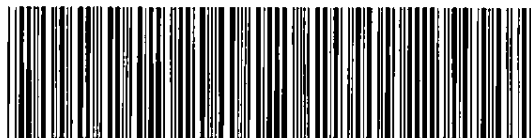
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Moorings Association Inc  
Name of Corporation

**DOCUMENT NUMBER:** 726331

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Parry

Name of Contact Person

Firm/Company

471 Port Royal Blvd

Address

Satellit Beach, FL 32927

City/State and Zip Code

mooringshoa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Parry

Name of Contact Person

at ( 321 )

412-8123

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Moornings Association Inc
2. The principal office address: 471 Port Royal Blvd, Satellite Beach FL 32937
3. The mailing address (if different): PO Box 372163, Satellite Beach FL 32937
4. Date of incorporation/qualification: 5/4/1973 Document number: 726331
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Clyde Bridge, President

466 St. Lucia Ct

Satellite Beach, FL 32937

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lisa Parry, Treasurer

471 Port Royal Blvd

P.O. Box NOT acceptable

Satellite Beach FL 32937

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

*Asa Parry*  
Signature of an officer or director

**Lisa Parry, Treasurer**

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lisa Parry  
Signature of Registered Agent

9/9/2023

Date \_\_\_\_\_

If signing on behalf of an entity:

Typed or Printed Name \_\_\_\_\_

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314