

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738562

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** THE MOORINGS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14750 BEACH BLVD  
CLUB HOUSE  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

14750 BEACH BLVD  
CLUB HOUSE  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

79 MASTERS DR  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

7400 BAYMEADOWS WAY, SUITE 317  
JACKSONVILLE, FL 32256

**FEI Number:** 59-1803788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERREN, JANICE L  
THE NEIGHBORHOOD MGR., INC  
79 MASTERS DR `   
SAINT AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

SCHAFER, SHERRILL  
CMC OF JACKSONVILLE FLORIDA  
7400 BAYMEADOWS WAY, SUITE 317  
JACKSONVILLE, FL 32256 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: SHERRILL SCHAFER

02/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FURR, WILLIAM W JR  
Address: 14750 BEACH BLVD. #8  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP  
Name: HOLLY-LUCAS, DONNA  
Address: 14750 BEACH BLVD. #31  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TRES  
Name: HICKS, JAMES D  
Address: 14750 BEACH BLVD. #26  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SECY  
Name: ORZESKE, ANGELA  
Address: 14750 BEACH BLVD. #32  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DIR  
Name: ZIRIAK, WILLIAM  
Address: 14750 BEACH BLVD. #71  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM W. FURR

PRES

02/16/2011

Electronic Signature of Signing Officer or Director

Date