2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

1. Entity Nam	MENT #765944 JINDS AT THE MOORINGS	S ASSOCIATION, INC	c. 6		006 90437 038 ****61.25	
Principal Place of Business 2125 WINDWARD WAY VERO BCH, FL 32963 Mailing Address C/O VISTA PROPERTI 100 VISTA ROYALE B VERO BEACH, FL 32		VD.	40.00022.			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202006 Chg-NP	CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-2250249	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desi	ired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of N	lew Registered Agent	
LEVINE IAVS			Name	Name		
LEVINE, JAY S 2500 N. MILITARY TRAIL SUITE 490			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
BOCA RA	TON, FL 33431					
,			City		FL Zip Code	
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the State	of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered Agent signature requ		DATE	
				ared when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Ca	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10.		9. Election Ca Trust Fund	mpaign Financing	\$5.00 May Be Added to Fees	Make check payable to	
10.	OFFICERS AND DI	9. Election Ca Trust Fund	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
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NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DI PD GARVEY, TOM 2250 SOUTHWINDS BLVD. #32	9. Election Ca Trust Fund of RECTORS	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State FICERS AND DIRECTORS IN 10	
NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006 OFFICERS AND DI PD GARVEY, TOM 2250 SOUTHWINDS BLVD. #32 VERO BEACH, FL 32963	9. Election Ca Trust Fund of RECTORS	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State FICERS AND DIRECTORS IN 10	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006 OFFICERS AND DI PD GARVEY, TOM 2250 SOUTHWINDS BLVD. #32 VERO BEACH, FL 32963	9. Election Ca Trust Fund of RECTORS	mpaign Financing Contribution. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State FICERS AND DIRECTORS IN 10	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2006 OFFICERS AND DI PD GARVEY, TOM 2250 SOUTHWINDS BLVD. #32 VERO BEACH, FL 32963 D/PD BRIGGS, NANCY	9. Election Ca Trust Fund (RECTORS Delete	mpaign Financing Contribution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME NAME	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State FFICERS AND DIRECTORS IN 10 Change Addition	
TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADBRESS	Due by May 1, 2006 OFFICERS AND DI PD GARVEY, TOM 2250 SOUTHWINDS BLVD. #32 VERO BEACH, FL 32963 DPD BRIGGS, NANCY 1250 WEST SOUTHWINDS BOIL	9. Election Ca Trust Fund (RECTORS Delete	mpaign Financing Contribution. 11. ITILE NAME STREET ADDRESS CITY-SI-ZIP ITILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State FFICERS AND DIRECTORS IN 10 Change Addition	
TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006 OFFICERS AND DI PD GARVEY, TOM 2250 SOUTHWINDS BLVD. #32 VERO BEACH, FL 32963 BY PD BRIGGS, NANCY 1250 WEST SOUTHWINDS BOIL VERO BEACH, FL 32963	9. Election Ca Trust Fund of RECTORS Delete Delete ULEVARD #312	mpaign Financing Contribution. 11. IIILE NAME STREET ADDRESS CITY-SI-ZIP IITLE NAME STREET ADDRESS CITY-SI-ZIP	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State FFICERS AND DIRECTORS IN 10 Change Addition	
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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 effect 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06 (772)23