

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90311 001 \*\*\*\*\*9.57  
04-16-2007 90311 002 \*\*\*\*\*51.68

**66009415**



01042007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 765944</b> 1. Entity Name SOUTHWINDS AT THE MOORINGS ASSOCIATION, INC.					
Principal Place of Business 2125 WINDWARD WAY VERO BCH, FL 32963			Mailing Address C/O VISTA PROPERTIES MANAGEMENT, INC. 100 VISTA ROYALE BLVD. VERO BEACH, FL 32963 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number 59-2250249 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEVINE, JAY S 2500 N. MILITARY TRAIL SUITE 490 BOCA RATON, FL 33431				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARVEY, TOM 2250 SOUTHWINDS BLVD. #326 VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry, Louise 2210 S. Southwinds Blvd #322 Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD</del> BRIGGS, NANCY 1250 WEST SOUTHWINDS BOULEVARD #312 VERO BEACH, FL 32963 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edwards, John W. 2215 Windward Way Vero Beach, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-VPD DONLEY, TERRENCE 2185 WINDWARD WAY VERO BEACH, FL 32963 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRES. FRANCISCO SAN MIGUEL, SAME 2250 SOUTHWINDS BLVD #223 VERO BEACH, FL 32963 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAN MIGUEL, FRANCISCO 2250 S. SOUTHWINDS BLVD #223, VERO, FL 32963 <input type="checkbox"/> Change <input type="checkbox"/> Addition PRES.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUNDY, WILLIAM 2250 SOUTHWINDS BLVD 226 VERO BEACH, FL 32963 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD</del> LEEMING, DEBORAH 1250 SOUTHWINDS BLVD 115 VERO BEACH, FL 32963 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 execute 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.					
<b>SIGNATURE:</b> <u>T.R. Donley</u> <u>V.P.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4/11/07</u> <u>772-231-4566</u> <small>Date Daytime Phone #</small>	