FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J58794 (5)

1. Corporation Name

THE MOORINGS AT POINT O'WOODS, INC.

Principal Place of Business	Mailing Address
~~110 N. GOLF HARBOR PATH~~ P.O. BOX 1629 INVERNESS FL 34450 US	P.O. BOX 1629 P.O. BOX 1629 INVERNESS FL 34451 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1987
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business
21 Suite 7
22 Suite, Apt. #, etc. 180 So. Knowles Ave.
23 City & State Winter Park, FL
24 Zip 32789 25 County Orange

2a. Mailing Address
26 Suite, Apt. #, etc. PO Box 2526
28 City & State Inverness, FL
29 Zip 34451 30 County Citrus

4. FEI Number: 59-2781380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INFANTINO, T. V., II
180 S KNOWLES AVE
SUITE 6
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	President, Director	☑ Change ☐ Addition
NAME	INFANTINO, T. V. SR	12 NAME		
STREET ADDRESS	~~110 N. GOLF HARBOR PATH~~	13 STREET ADDRESS	Suite 7, 180 So. Knowles Ave	
CITY-ST-ZIP	~~INVERNESS FL~~	14 CITY-ST-ZIP	Winter Park FL 32789	
TITLE	~~PTG~~	21 TITLE		☐ Change ☐ Addition
NAME	~~INFANTINO, R.G.~~	22 NAME		
STREET ADDRESS	~~110 N. GOLF HARBOR PATH~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~INVERNESS FL~~	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	Vice President, Director	☑ Change ☐ Addition
NAME	INFANTINO, F.	32 NAME		
STREET ADDRESS	~~110 N. GOLF HARBOR PATH~~	33 STREET ADDRESS	Suite 7, 180 So. Knowles Ave	
CITY-ST-ZIP	~~INVERNESS FL~~	34 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T. V. Infantino II 4/24/95 Date 904-732-1112 637-5302 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR

0457321 FP