

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J58794 (5)

1. Corporation Name

THE MOORINGS AT POINT O'WOODS, INC.

Principal Place of Business

180 SO. KNOWLES AVE  
7  
WINTER PARK FL 32709  
US

Mailing Address

P.O. BOX 2526  
~~PO BOX 1022~~  
INVERNESS FL 34451  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified  
02/19/1987

3a. Date of Last Report  
04/28/1995

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME INFANTINO, T. V. SR  
STREET ADDRESS 180 SO. KNOWLES AVE SUITE 7 PO 2526  
CITY-ST-ZIP WINTER PARK FL INVERNESS, FL 34451

TITLE PTS  
NAME INFANTINO, R.S.  
STREET ADDRESS 116 N. GOLF HARBOR PATH  
CITY-ST-ZIP INVERNESS FL

TITLE VPD  
NAME INFANTINO, F.  
STREET ADDRESS 180 SO. KNOWLES AVE SUITE 7 PO 2526  
CITY-ST-ZIP WINTER PARK FL INVERNESS, FL 34451

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME T.V. INFANTINO SR.  
1.3 STREET ADDRESS 8456 SWEETWATER DRIVE  
1.4 CITY-ST-ZIP INVERNESS, FL 34450

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VPD  
3.2 NAME F. INFANTINO  
3.3 STREET ADDRESS 8456 SWEETWATER DRIVE  
3.4 CITY-ST-ZIP INVERNESS, FL 34450

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.D.

1/29/96

904-726-9478

CR2E034 (12/95)