

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K92337

FILED
Apr 21, 2010
Secretary of State

Entity Name: THE MOORINGS AT CARRABELLE, INC.

Current Principal Place of Business:

1000 US HWY 98
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

1000 US HWY 98
P.O. BOX M
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 59-2952463 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LOWE, FRANCES CASEY P.A.
3042 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP
Name: CHILES, LAWTON M III
Address: 1614 MAHAN CENTER BLVD., SUITE 104
City-St-Zip: TALLAHASSEE, FL 32308

Title: DST
Name: BOLTON, JEFF
Address: 56 WOODSTOCK ROAD
City-St-Zip: ROSWELL, GA 30075

Title: D
Name: ROBERTS, SCOTT
Address: 2754 RIDERWOOD LANE
City-St-Zip: MARIETTA, GA 30062

Title: D
Name: BALAMES, THOMAS
Address: 255 E. BROWN ST., #300
City-St-Zip: BIRMINGHAM, MI 48009

Title: D
Name: PRINCE, ROBERT E
Address: 148 SPYGLASS LANE
City-St-Zip: JUPITER, FL 33477

Title: D
Name: GOTTUNG, MARK F
Address: 300 BRECKENRIDGE COURT
City-St-Zip: ROSWELL, GA 30075

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAWTON M. CHILES III

DP

04/21/2010

Electronic Signature of Signing Officer or Director

Date