

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01347

FILED  
Feb 02, 2010  
Secretary of State

**Entity Name:** THE MOORINGS ON LAKE MAITLAND MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W STATE ROAD 434, STE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W STATE ROAD 434, STE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 59-2513101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHISHOLM, DAN  
Address: 202 QUAYSIDE CIR, # 201  
City-St-Zip: MAITLAND, FL 32751

Title: TD  
Name: ODOM, RANDY  
Address: 204 QUAYSIDE CIR, # 103  
City-St-Zip: MAITLAND, FL 32751

Title: VPD  
Name: GOLDMAN, HARRY  
Address: 206 QUAYSIDE CIR, # 502  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: SALMONS, RANDY  
Address: 209 QUAYSIDE DR  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: MEYER, JO  
Address: 204 QUAYSIDE CIR, # 302  
City-St-Zip: MAITLAND, FL 32751

Title: SD  
Name: OWENS, MURIEL  
Address: 206 QUAYSIDE CIR #503  
City-St-Zip: MAITLAND, FL 32751

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

SIGNATURE: DAN CHISHOLM

PD

02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date