

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01348

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** THE MOORINGS ON LAKE MAITLAND BUILDING "1" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. STATE ROAD 434, SUITE #5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. STATE ROAD 434, SUITE #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.  
2180 W. STATE ROAD 434, SUITE #5000  
LONGWOOD, FL 32779 US

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

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

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: JAMES W HART JR

04/22/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KINNEY, WILLIAM  
Address: 202 QUAYSIDE CR #203  
City-St-Zip: MAITLAND, FL 32751

Title: VPD ( ) Delete  
Name: CHISHOLM, PAT  
Address: 202 QUAYSIDE CIR #201  
City-St-Zip: MAITLAND, FL 32751

Title: STD ( ) Delete  
Name: PORTER, LANIER  
Address: 202 QUAYSIDE CIR #204  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CHISHOLM, DAN  
Address: 202 QUAYSIDE CR #201  
City-St-Zip: MAITLAND, FL 32751

Title: VPD (X) Change ( ) Addition  
Name: TOWNSEND, JIM  
Address: 202 QUAYSIDE CIR #303  
City-St-Zip: MAITLAND, FL 32751

Title: TSD (X) Change ( ) Addition  
Name: BAILEY, BARBARA  
Address: 202 QUAYSIDE CIR #402  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAN CHISHOLM

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date