

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90127 026 ****61.25

DOCUMENT # N02684

1. Entity Name

THE MOORINGS OF MANATEE ASSOCIATION, INC.



Principal Place of Business

4897 SE CAPSTAN AVE.
P.O. BOX 898
PORT SALERNO FL 34992-7898

Mailing Address

P.O. BOX 898
PORT SALERNO FL 34992-7898



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2686236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOBIE, EDWARD
5815 SOUTHEAST FEDERAL HIGHWAY
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	DOBIE, EDWARD	
STREET ADDRESS	5815 SOUTHEAST FEDERAL HIGHWAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICKERSON, MARION	
STREET ADDRESS	RT 1 BOX 213 A	
CITY-ST-ZIP	OCEAN VIEW DE 19970	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, ILENE	
STREET ADDRESS	6470 W. GRAND AVE	
CITY-ST-ZIP	LUDINGTON MI 49431	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TONNER, GLEN	
STREET ADDRESS	4883 SOUTHEAST CAPSTAN AVENUE D-19	
CITY-ST-ZIP	STUART FL 34997	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORGAN, CAROL	
STREET ADDRESS	4653 ROUNDTREE DRIVE	
CITY-ST-ZIP	BRIGHTON MI 48116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Thee
STREET ADDRESS	1884 N. Spring view
CITY-ST-ZIP	HAWKAKEE, IL 60901
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #