2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

2

FILED
Mar 07, 2007 8:00 am
Secretary of State
02-22-2007 90028 010 ****61.25

DOCUMENT # N02684

1. Entity Name

THE MOORINGS OF MANATEE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4897 SE CAPSTAN AVE. P.O. BOX 898 PORT SALERNO FL 34992-7898	P.O. BOX 898 PORT SALERNO FL 34992-7898

00004069

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	P DOBIE, EDWARD 5815 SOUTHEAST FEDERAL HIGHWAY STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SEC LYNN WOODINGS 8522 SPENCER CT. NORTHRIDGEVILLE, OH. 44039 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~T~~ NICKERSON, MARION ~~RT 1 BOX 213 A~~ 38624 BURBAGE RD. OCEAN VIEW DE 19970	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VP KAREN KEMPF 8522 SPENCER CT. NORTHRIDGEVILLE, OH. 44039 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEECE, JACK 1884 N SPRING VIEW KANKAKEE IL 60901	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT BROCKWAY 347 W. 24TH ST. ASHTABULA, OH. 44004 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TONNER, GLEN 4883 SOUTHEAST CAPSTAN AVENUE D-19 STUART FL 34997	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YVONNE WALKER 4897 S.E. CAPSTAN AVE C-14 STUART, FL. 34997 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, CAROL 4653 ROUNDTREE DRIVE BRIGHTON MI 48116	☑ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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: _____ Edward Dobie 2-10-07 631-7162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #