

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02684

FILED
Mar 24, 2009
Secretary of State

Entity Name: THE MOORINGS OF MANATEE ASSOCIATION, INC.

Current Principal Place of Business:

4897 SE CAPSTAN AVE.
P.O. BOX 898
PORT SALERNO, FL 349927898

Current Mailing Address:

P.O. BOX 898
PORT SALERNO, FL 349927898

New Principal Place of Business:

4883 SE CAPSTAN AVE.
SUITE # D-19
PORT SALERNO, FL 34992-898

New Mailing Address:

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

FEI Number: 59-2686236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TONNER, GLENN
4883 S E CAPSTAN AVENUE
SUITE #D-19
STUART, FL 34997 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: P () Delete
Name: TONNER, GLENN
Address: 4883 S E CAPSTAN AVENUE, SUITE #D-19
City-St-Zip: STUART, FL 34997

Title: T () Delete
Name: FOELL, CAROLYN J
Address: 4915 S E CAPSTAN AVENUE
City-St-Zip: STUART, FL 34997

Title: S () Delete
Name: WOODINGS, LYNN
Address: 8522 SPENCER CT
City-St-Zip: NORTH RIDGEVILLE, OH 44039

Title: VP () Delete
Name: KEMPF, KAREN
Address: 8522 SPENCER CT
City-St-Zip: NORTH RIDGEVILLE, OH 44039

Title: D () Delete
Name: NICKERSON, MARION
Address: 38674 BURBAGE LANE
City-St-Zip: OCEAN VIEW, DE 19970

Title: D () Delete
Name: STAM, SALLY
Address: 2329 BRIGHTON STREET, S E
City-St-Zip: GRAND RAPIDS, MI 49506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROLYN J. FOELL

T

03/24/2009

Electronic Signature of Signing Officer or Director

Date