

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02684

FILED
Feb 16, 2010
Secretary of State

Entity Name: THE MOORINGS OF MANATEE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

4883 SE CAPSTAN AVE.
SUITE # D-19
STUART, FL 34997

Current Mailing Address:

P.O. BOX 898
PORT SALERNO, FL 34992

New Mailing Address:

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

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

Title: S
Name: VAN NOORD, BECKY
Address: 5508 BENT TREE DRIVE
City-St-Zip: DALLAS, TX 75248

Title: VP
Name: STAM, SALLY
Address: 2329 BRIGHTON STREET S.E.
City-St-Zip: GRAND RAPIDS, MI 49506

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

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: CAROLYN J. FOELL

TREA

02/16/2010

Electronic Signature of Signing Officer or Director

Date