

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02692 (4)  
1. Corporation Name

THE MOORINGS ON LAKE MAITLAND BUILDING "4" CONDO  
MINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
2180 W. STATE RD. 434, SUITE 5000 2180 W. STATE RD. 434, SUITE 5000  
LONGWOOD FL 32779 LONGWOOD FL 32779

3. Date Incorporated or Qualified 04/23/1984 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2513101 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

HART, JAMES W. JR.  
2180 W. STATE RD. 434, SUITE 5000  
LONGWOOD FL 32779

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSTD JORDAN, BISHOP DELETED  
NAME  
STREET ADDRESS 245 QUAYSIDE CR  
CITY-ST-ZIP MAITLAND FL

TITLE PD BIANCO, TOM DELETED  
NAME  
STREET ADDRESS 243 QUAYSIDE CR  
CITY-ST-ZIP MAITLAND FL

TITLE D BIANCO, TOM DELETED  
NAME  
STREET ADDRESS 243 QUAYSIDE CIRCLE  
CITY-ST-ZIP MAITLAND FL

TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THOMAS P. BIANCO

4-15-96

Date Daytime Phone #

CR2E037 (12/95)