2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02692 1. Entity Name

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

Country

6. Name and Address of Current Registered Agent

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

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

HART, JAMES W. JR.

LONGWOOD FL 32779

2180 W. STATE RD. 434, SUITE 5000

City & State

Zip

SIGNATURE

STREET ADDRESS

changed, or on an attachm

SIGNATURE:

CITY-ST-ZIF

Mailing Address

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

2180 W. STATE RD. 434, SUITE 5000

LONGWOOD FL 32779

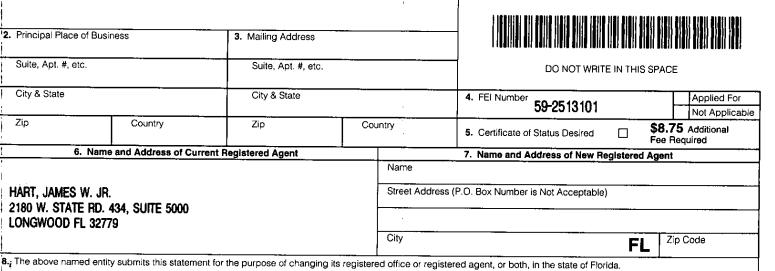
3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED May 14, 2002 8:00 am Secretary of State 05-14-2002 90213 031 ****61.25



DATE

9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Addition ☐ Change NAME JORDAN, MADELINE NAME STREET ADDRESS 245 QUAYSIDE CIR STREET ADDRESS CITY-ST-7IP MAITLAND FL 32751 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change MICALIZIO, GINA NAME NAME **STREET ADDRESS** 502 S FREEMONT AVE #1510 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change Addition CADY, JAN NAME NAME STREET ADDRESS 233 QUAYSIDE CR STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

STREET ADDRESS

CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

address, with all other like empowered.

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)