


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90116 032 ****61.25

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|--|---|---|---|--|--|
| DOCUMENT # N03000006843 1. Entity Name MOORINGS AT LANTANA MASTER ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 806 EAST WINDWARD WAY 122 LANTANA, FL 33462 | | | Mailing Address 806 EAST WINDWARD WAY 122 LANTANA, FL 33462 | | |
| 2. Principal Place of Business - No P.O. Box # <i>(Same)</i> | | | 3. Mailing Address <i>(Same)</i> | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 11-3701132 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ST. JOHN, COPE, LEMME, P.A. 1601 FORUM PLACE WEST PALM BEACH, FL 33401 | | | | 7. Name and Address of New Registered Agent Robert Kaye & Associates Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6th Way Suite 103 City Ft. Lauderdale FL Zip Code 33309 | |
| 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: <i>[Signature]</i> President 4-21-08 <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PRES TURNER, STEVE 802 WEST WINDWARD WAY LANTANA, FL 33462 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Randy Mills 806 East Windward Way Lantana, FL 33462 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SHAPIRO, GARY 804 EAST WINDWARD WAY LANTANA, FL 33462 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Gary Shapiro 804 East Windward Way Lantana, FL 33462 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA MICHEAL, LIPNER 136 MOORING DRIVE LANTANA, FL 33462 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Michael Lipner 136 - Mooring Drive Lantana, FL 33462 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Jackie Fraser 804 East Windward Way Lantana, FL 33462 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Dave Lafonde 117 Moorings Drive Lantana, FL 33462 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Adam Rudyzewski 802 West Windward Way Lantana, FL 33462 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> 4.17.08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |