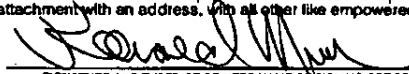


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-12-2004 90296 027 ****61.25

DOCUMENT # N03000009508					
1. Entity Name THE MOORINGS AT EDGEWATER II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 290 COCOANUT AVE. SARASOTA, FL 34236			Mailing Address 290 COCOANUT AVE. SARASOTA, FL 34236		
2. Principal Place of Business Advanced Management Suite, Apt. #, etc. 9031 Town Center Pkwy City & State BRADENTON FL Zip 34202 Country USA			3. Mailing Address Advanced Management Suite, Apt. #, etc. 9031 Town Center Pkwy City & State BRADENTON FL Zip 34202 Country USA		
4. FEI Number 59-2570749			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent MUSTARI, RONALD 290 COCOANUT AVE. SARASOTA, FL 34236		
7. Name and Address of New Registered Agent Douglas E. Wilson C/O Advanced Mgmt. Inc. 9031 Town Center Pkwy City BRADENTON FL 34202			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:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD MUSTARI, RONALD 290 COCOANUT AVE. SARASOTA, FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUCAS, DANIEL R 290 COCOANUT AVE. SARASOTA, FL 34236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDREWS, J.S. 290 COCOANUT AVE. SARASOTA, FL 34236 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-29-04 Daytime Phone #		

66416420



01072004 Chg-NP CR2E037 (10/03)