

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90233 002 \*\*\*\*61.25

<b>DOCUMENT # N03000009508</b>					
<b>1. Entity Name</b> THE MOORINGS AT EDGEWATER II CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> ADVANCED MANAGEMENT 9031 TOWN CENTER PKWY BRADENTON, FL 34202			<b>Mailing Address</b> ADVANCED MANAGEMENT 9031 TOWN CENTER PKWY BRADENTON, FL 34202		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02012005    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 59-2570749				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WILSON, DOUGLAS E C/O ADVANCED MGNT, INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL    Zip Code: _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> MUSTARI, RONALD		<b>TITLE</b> PTD	<b>NAME</b> JOANNE PAIN	
<b>STREET ADDRESS</b> 290 COCOANUT AVE.	<b>CITY-ST-ZIP</b> SARASOTA, FL 34236		<b>STREET ADDRESS</b> 6532 MOORINGS POINT CIRCLE #102	<b>CITY-ST-ZIP</b> BRADENTON, FL 34202	
<b>TITLE</b> VD	<b>NAME</b> LUCAS, DANIEL R		<b>TITLE</b> VPSD	<b>NAME</b> HARRY EMMERMAN	
<b>STREET ADDRESS</b> 290 COCOANUT AVE.	<b>CITY-ST-ZIP</b> SARASOTA, FL 34236		<b>STREET ADDRESS</b> 6523 MOORINGS POINT CIRCLE #201	<b>CITY-ST-ZIP</b> BRADENTON, FL 34202	
<b>TITLE</b> STD	<b>NAME</b> ANDREWS, J.S.		<b>TITLE</b> D	<b>NAME</b> STANLEY VANDERGRIFT	
<b>STREET ADDRESS</b> 290 COCOANUT AVE.	<b>CITY-ST-ZIP</b> SARASOTA, FL 34236		<b>STREET ADDRESS</b> 6516 MOORINGS POINT CIRCLE #302	<b>CITY-ST-ZIP</b> BRADENTON, FL 34202	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <i>Joanne P. Pains</i> <i>2/24/05</i> Date    Daytime Phone #					

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