

FILED
Apr 25, 2008 8:00 am
Secretary of State

Paid By Check Number: 1148 - Paid Amount: \$61.25

04-25-2008 90144 037 ****61.25

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

DOCUMENT # N04000006678			
1. Entity Name MOORINGS AT LANTANA CONDOMINIUM NO. TWO ASSOCIATION, INC.		40082738	
Principal Place of Business 804 EAST WINDWARD WAY SUITE 122 LANTANA, FL 33462		Mailing Address 806 EAST WINDWARD WAY SUITE 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	Zip	Country
4. FEI Number 20-1413051		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SACHS, SAX & KLEIN, 301 YAMATO ROAD BOCA RATON, FL 33462		7. Name and Address of New Registered Agent Name <i>(Same)</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SHAPIRO, GARY 804 EAST WINDWARD WAY LANATANA, FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Shapiro, Gary 804 East Windward Way Lantana, FL 33462 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRASER, JACKIE 804 EAST WINDWARD WAY LANTANA, FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Fraser, Jackie 804 East Windward Way Lantana, FL 33462 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABRAHAM, WILLIAM 804 EAST WINDWARD WAY MIAMI, FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Abraham, William 804 East Windward Way Lantana, FL 33462 ☐ 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 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 like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____			

Paid By Check Number: 1148 - Paid Amount: \$61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT #N04000006878			
1. Entity Name MOORINGS AT LANTANA CONDOMINIUM NO. TWO ASSOCIATION, INC.			
Principal Place of Business 804 EAST WINDWARD WAY SUITE 122 LANTANA, FL 33462		Mailing Address 806 EAST WINDWARD WAY SUITE 122 LANTANA, FL 33462	
2. Principal Place of Business No P.O. Box # (Same)		3. Mailing Address (Same)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1413051		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SACHS, SAX & KLEIN 301 YAMATO ROAD BOCA RATON, FL 33462		7. Name and Address of New Registered Agent (Same)	
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.		DATE	
SIGNATURE <i>(Signature)</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SHAPIRO, GARY 804 EAST WINDWARD WAY LANTANA, FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer Shapiro, Gary 804 East Windward Way Lantana, FL 33462 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRASER, JACKIE 804 EAST WINDWARD WAY LANTANA, FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Fraser, Jackie 804 East Windward Way Lantana, FL 33462 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABRAHAM, WILLIAM 804 EAST WINDWARD WAY MIAMI, FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Abraham, William 804 East Windward Way Lantana, FL 33462 ☐ 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 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 affidavit, with all other like empowered.			
SIGNATURE: <i>(Signature)</i> President		4/22/08 561945-4831	
MONITOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	