

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

07 NOV 20 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RD 11-27-07



<b>DOCUMENT # N04000006680</b> 1. Entity Name <b>MOORINGS AT LANTANA CONDOMINIUM NO. THREE ASSOCIATION, INC.</b>					
Principal Place of Business <b>806-EAST WINDWARD WAY 122 LAKE WORTH, FL 33462</b>			Mailing Address <b>806-EAST WINDWARD WAY 122 LAKE WORTH, FL 33462</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip 		10112007    Chg-NP    CR2E037 (12/06)	
4. FEI Number <b>20-1413150</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MOORINGS AT LANTANA CONS. #3 806-EAST WINDWARD WAY LAKE WORTH, FL 33462</b>			7. Name and Address of New Registered Agent Name <b>Becker &amp; Poliakoff</b> Street Address (P.O. Box Number is Not Acceptable) <b>Bank of America Center</b> <b>625 N Flagler Drive 7th Floor</b> City <b>West Palm Beach</b> FL    Zip Code <b>33401</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.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>10/24/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEUERMAN, KAREN 806-EAST WINDWARD WAY UNIT 413 LAKE WORTH, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mills, Randy 806 East Windward Way Unit 201 Lantana, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLS, RANDY 806-EAST WINDWARD WAY UNIT 201 LAKE WORTH, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Trieber, Harold 806 East Windward Way Unit 305 Lantana, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRIEBER, HAROLD 806-EAST WINDWARD WAY UNIT 305 LAKE WORTH, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lorraine Fred 806 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200112451392 11/20/07--01017--002    **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input 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 like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>10/15/07</b> <small>Daytime Phone #</small>		