

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90058 030 ****61.25

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01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2072615
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N05000000042
1. Entity Name
THE MOORINGS/SAFETY HARBOUR PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
SEACREST SERVICES, INC
2400 CANTRE PARK W DRIVE #175
WEST PALM BEACH, FL 33409
Mailing Address
SEACREST SERVICES, INC
2400 CENTRE PARK W. DRIVE #175
WEST PALM BEACH, FL 33409

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
ST. JOHN, CORE & LEMME, P.A.
1601 FORUM PLACE, STE. 701
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
Name
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
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, JANET		NAME	JANET HANSON	
STREET ADDRESS	18979 SE KOMO LN		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMACHO, JOSE		NAME		
STREET ADDRESS	18939 SE KOKOMO LANE		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, WILLIAM		NAME		
STREET ADDRESS	18960 KOKOMO LANE		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T+S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTH, HENRY		NAME	BARTH HENRY	
STREET ADDRESS	19016 S.E. CORAL REEF LN		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARBURTON, SCOTT		NAME	WARBURTON, SCOTT	
STREET ADDRESS	18780 S.E. JUPITER RIVER DR		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KORTE, Robert	
STREET ADDRESS			STREET ADDRESS	19034 SE Jupiter River Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Jup FL 33458	

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 4-2-08 Daytime Phone # 561-262-3410