

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2006 8:00 am
Secretary of State

08-22-2006 90028 042 ****61.25

DOCUMENT # N05000003191 1. Entity Name THE MOORINGS AT EDGEWATER V 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, INC. OF SOUTHWEST FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202		3. Mailing Address ADVANCED MANAGEMENT, INC. OF SOUTHWEST FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202	
City & State BRADENTON, FL 34202		City & State BRADENTON, FL 34202	
Zip 34202		Zip 34202	
Country FL		Country FL	
4. FEI Number 20-2825284		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 ADVANCED MANAGEMENT, INC. OF SOUTHWEST FLORIDA 9031 TOWN CENTER PARKWAY 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 8-4-06 <small>(NOTE: Registered Agent signature required when resigning)</small>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 OP MUSTARI, RONALD 290 COCOANUT AVE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD William Preisinger 4223 Moorings Pt Cir #202 Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV LUCASRI, DANIEL R 290 COCOANUT AVE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Jacques Caron 4223 Moorings Point Cir #201 Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DST ANDREWS, J.S. 290 COCOANUT AVE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Janet Tolbert 4223 Moorings Point Cir #101 Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TD Lary May 4219 Moorings Pt Cir #201 Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP AS! DOUGLAS E WILSON 9031 TOWN CTR PKY BRADENTON, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 8-4-06 941-3591134 <small>Date Daytime Phone #</small>	

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