

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05025

FILED
Mar 06, 2009
Secretary of State

Entity Name: THE MOORINGS AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

G.R.S. MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

G.R.S. MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 59-2789434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORE, DAVID ESQ
ST. JOHN, CORE LEMME, P.A.
1601 FOURM PLACE, STE 701
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: WOLFE, RITA
Address: 8378 MOORING CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: PD () Delete
Name: STEINDLER, EDITH
Address: 8178 MOORING CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: D () Delete
Name: WALLET, HARVEY
Address: 8181 WATERLINE DR
City-St-Zip: BOYNTON BCH, FL 33437

Title: TD () Delete
Name: MCDERMOTT, ARTHUR
Address: 8265 WATERLINE DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: SCHECK, MARY
Address: 8430 MOORING CIR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: SD () Delete
Name: KHAN, CHARLOTTE
Address: 8398 MOORING CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH STEINDLER

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date