

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009382

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** RIVERSIDE AT MOORINGS PARK, INCORPORATED

**Current Principal Place of Business:**

120 MOORINGS PARK DRIVE  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

120 MOORINGS PARK DRIVE  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:** 26-3512448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CLASP, INC.  
3001 TAMIAMI TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103 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: D ( ) Delete  
Name: BUTTS, JACK L  
Address: 120 MOORINGS PARK DRIVE  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: CRAIG, JAMES W  
Address: 120 MOORINGS PARK DRIVE  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: GOSCH, GUENTHER  
Address: 120 MOORINGS PARK DRIVE  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: HEINEMANN, DENISE  
Address: 120 MOORINGS PARK DRIVE  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: KOREST, ALAN  
Address: 120 MOORINGS PARK DRIVE  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: LITTLE, JOHN  
Address: 120 MOORINGS PARK DRIVE  
City-St-Zip: NAPLES, FL 34105

**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  
Name:  
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: GUENTHER GOSCH

PCEO

04/23/2009

Electronic Signature of Signing Officer or Director

Date