FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12849 (8)

1. Corporation Name
HARBOR INN AT THE MOORINGS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2125 WINDWARD WAY VERO BEACH FL 32963	P.O. BOX 2922. N/A VERO BEACH FL 32961-2922 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2624345 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GAMBLE, ROBERT H
2115 WINDWARD WA #204
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GAMBLE, ROBERT H	1.2 NAME		
STREET ADDRESS	2115 WINDWARD WAY #204	1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VPTD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	GUTMANN, BARBARA	2.2 NAME		
STREET ADDRESS	85 QUAIL HOLLOW DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MORELAND HILLS OH	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HARBAUGH, BARBARA B	3.2 NAME		
STREET ADDRESS	2140 SPYGLASS LANE #114	3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	VP	☐ Change ☒ Addition
NAME	WARDELL, JOHN, M	4.2 NAME		
STREET ADDRESS	42 BRISTOL PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HEAD NJ 08742	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JENNES, ERNEST W.	5.2 NAME		
STREET ADDRESS	2115 WINDWARD WAY #205	5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	TD	☐ Change ☒ Addition
NAME		6.2 NAME	MCINTOSH, JAMES	
STREET ADDRESS		6.3 STREET ADDRESS	1001 BAY ROAD, #108	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	VERO BEACH, FL 32963	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert H Gamble ROBERT GAMBLE PRESIDENT 3/10/95 407-562-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D036766