FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N12849

1. Corporation Name

HARBOR INN AT THE MOORINGS ASSOCIATION, INC.

Principal Place of Business
2125 WINDWARD WAY
VERO BEACH FL 32963

Mailing Address

C/O VISTA PROPERTIES MGMT INC 100 VISTA ROYALE BLVE VERO BEACH FL 32962

HS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90007 045 ****61.25

3. Date Incorporated or Qualifed

2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 01/03/1986			
21		26			4. FEI Number Applied For			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-2624345		Applicable	
22		27			30 <u>2024</u> 040			
City & State)	City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip	Country	Zip Country			6. Election Campaign Financing	\$5.00 t	May Be	
24	25	29	30		Trust Fund Contribution	Added_to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered	d Agent		
				81 Name	\			
WEBB, JOHN				82 Street Add	dress (P.O. Box Number is Not Acceptable)			
2135 WINDWARD WAY #310				ou out 7 kil	,			
VERO 3EACH FL 32963				83			}	
TENO SE	7.01111 2 02000			0.1		. 85 Zip C		
				84 City	F		Joue	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the at	ove-named cor	poration submits this statement for the purpose	of changing its	registered	
office crn	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	utnorizea	by the corporat	tion's board of directors. I hereby accept the app-	ointment as reg	jistered	
SIGNATURE Signature, based or opicited his perior registered agent and title if applicable. (NOT 5: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agent a		Registered	Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	F:S IN 12	
12.	OFFICERS AND	□ DELETE	1.1 TIT		7.55	Change	Addition	
TITLE	SD COULTIVAN		1					
NAME	ROBERT, SULLIVAN		1.2 NA					
STREET ADDRESS	2115 WINDWARD WAY		1.3 ST	REET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL			Y-ST-ZIP			Addition	
TITLE	VPD	☐ DELETE	2.1 TII	LE		☐ Change	L') Madition	
NAME	KENYON, ROBERT		2.2 NA	ME				
STREET ADORE SS	2135 WINDWARD WAY #309		2.3 ST	REET ADDRESS			1	
CITY-ST-ZIP	VERO BEACH FL 32963		2. 4 Cf	TY-ST-ZIP				
TITLE	D	☐ DELETE	31 111	LE		Change	☐ Addition [
NAME	MACFARLAND, LANNING		3.2 NA	ME			ì	
STREET ADDRESS	2115 WINDWARD WAY		3.3 ST	REET ADORESS				
CITY-ST-ZIP	VERO BEACH FL		3.4. CI	TY-ST-ZIP				
TITLE	TD	☐ DELETE	4.1 T/T	re		Change	☐ Addition	
NAME	STEVENS, GEORGE		4. 2 NA	WE				
STREET ADDRESS	2135 WINDWARD WAY		4.3 ST	REET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		4.4 CN	Y-ST-ZIP				
TITLE	PD	☐ DELETE	5.1 TIT	LE T		Change	☐ Addition	
NAME.	WEBB, JOHN		5.2 NA	ME				
STREET ADDRESS	2135 WINDWARD WAY, #310		5.3 ST	REET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL	_	5.4 Ci1	Y-ST-ZiP				
TITLE		☐ DELETE	6.1 TiT	TE .		☐ Change	☐ Addition	
NAME			6.2 NA	ME				
STREET ADDRESS.			6.3 ST	REET ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-ST-21P		_		
Un 1-07-Kill	L							

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.