

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 17, 1998 8:00 am
Secretary of State

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

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

3. Date Incorporated or Qualified

01/03/1986

4. FEI Number

59-2624345

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GUTMANN, BARBARA~~
~~2140 SYP G LASS LANE 212~~
~~VERO BEACH FL 32963~~

Webb, John
2135 WINDWARD WAY #310
VERO BEACH FL 32963

81 Name

WEBB, JOHN

82 Street Address (P.O. Box Number is Not Acceptable)

2135 WINDWARD WAY, #310

83

VERO BEACH FL 32963

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *John C. Webb, Pres.*

(NOTE: Registered Agent signature required when reinstating)

3/26/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *SPD Secretary, Director* ☐ DELETE

NAME ROBERT, SULLIVAN
STREET ADDRESS 2115 WINDWARD WAY
CITY-ST-ZIP VERO BEACH FL

1.1 TITLE *Secretary, Director* ☒ Change ☐ Addition

TITLE *RD* ☒ DELETE

NAME ~~GUTMANN, BARBARA~~
STREET ADDRESS ~~85 QUAIL HOLLOW DRIVE~~
CITY-ST-ZIP ~~MORELAND HILLS OH~~

2.1 TITLE *Vice President, Director* ☐ Change ☒ Addition

TITLE *Director* ☐ DELETE

NAME MACFARLAND, LANNING
STREET ADDRESS 2115 WINDWARD WAY
CITY-ST-ZIP VERO BEACH FL

2.2 NAME *KENYON Robert*

TITLE *TD* ☐ DELETE

NAME STEVENS, GEORGE
STREET ADDRESS 2135 WINDWARD WAY
CITY-ST-ZIP VERO BEACH FL

2.3 STREET ADDRESS *2135 WINDWARD WAY #309*

TITLE *PD President, Director* ☐ DELETE

NAME WEBB, JOHN
STREET ADDRESS 2135 WINDWARD WAY, #310
CITY-ST-ZIP VERO BEACH FL

2.4 CITY-ST-ZIP *VERO BEACH FL 32963*

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE *President, Director* ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: *John C. Webb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0080901

CR2E037 (10/97)