

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12849

FILED
Apr 01, 2009
Secretary of State

Entity Name: HARBOR INN AT THE MOORINGS ASSOCIATION, INC.

Current Principal Place of Business:

2125 WINDWARD WAY
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O VISTA PROPERTIES MGMT
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962 US

FEI Number: 59-2624345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIGUORI, DANIEL
1001 BAY ROAD
210C
VERO BEACH, FL 32963 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: P () Delete
Name: HORNER, JACK
Address: 2140 SPIGLASS LN #212
City-St-Zip: VERO BEACH, FL 32963

Title: S () Delete
Name: RICE, LARRY
Address: 2135 WINLWARD WAY #108
City-St-Zip: VERO BEACH, FL 32963

Title: VP () Delete
Name: LIGUORI, DANIEL
Address: 1001 BAY ROAD #210C
City-St-Zip: VERO BEACH, FL 32963

Title: T () Delete
Name: CHENEY, TIM
Address: 2140 SPYGLASS LANE # 111
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: VANCE, STUART
Address: 2115 WINDWARD WAY #303
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HORNER, JACK
Address: 2140 SPYGLASS LAN E #212
City-St-Zip: VERO BEACH, FL 32963

Title: S (X) Change () Addition
Name: RICE, LARRY
Address: 2135 WINDWARD WAY #108
City-St-Zip: VERO BEACH, FL 32963

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

Title: T (X) Change () Addition
Name: CHENEY, TIM
Address: 955 TREASURE LANE
City-St-Zip: VERO BEACH, FL 32963

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: GARY CROSBY

CAM

04/01/2009

Electronic Signature of Signing Officer or Director

Date