

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 08, 2009
Secretary of State**

DOCUMENT# N20270

Entity Name: THE MOORINGS AT POINT O'WOODS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**9735 E. PEBBLE CREEK COURT
INVERNESS, FL 34450 US**New Principal Place of Business:****Current Mailing Address:**9735 E. PEBBLE CREEK COURT
INVERNESS, FL 34450 US**New Mailing Address:**

FEI Number: 59-3090066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SEIDMAN, CAROL MRS
359 N GOLF HARBOR PATH
INVERNESS, FL 34450 US**Name and Address of New Registered Agent:**CLAY, JEFFREY MR
410 N GOLF HARBOR PATH
INVERNESS, FL 34450 US

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: JEFFREY CLAY

05/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: FLAITZ, BRIAN MR
Address: 270 N GOLF HARBOR PATH
City-St-Zip: INVERNESS, FL 34450 USTitle: DS () Delete
Name: WEBER, KATHLEEN MRS
Address: 145 N GOLF HARBOR PATH
City-St-Zip: INVERNESS, FL 34450 USTitle: DT () Delete
Name: SEIDMAN, CAROL MRS
Address: 359 N GOLF HARBOR PATH
City-St-Zip: INVERNESS, FL 34450 USTitle: VP () Delete
Name: CLAY, JEFFREY MR
Address: 410 N GOLF HARBOR PATH
City-St-Zip: INVERNESS, FL 34450 USTitle: D () Delete
Name: RUSSELL, BILL MR
Address: 259 N GOLF HARBOR PATH
City-St-Zip: INVERNESS, FL 34450 USTitle: D () Delete
Name: MANDALA, JAMES MR
Address: 9770 E. PEBBLE CREEK
City-St-Zip: INVERNESS, FL 34450 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DT (X) Change () Addition
Name: BONIN, DOROTHY MRS
Address: 9871 E PEBBLE CREEK CT
City-St-Zip: INVERNESS, FL 34450 USTitle: () 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: KATHLEEN WEBER

DS

05/08/2009

Electronic Signature of Signing Officer or Director

Date