


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90224 009 ****61.25

DOCUMENT # N27504 1. Entity Name THE MOORINGS OF MARCO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 866 MARCO ISLAND, FL 33969				Mailing Address P. O. BOX 866 MARCO ISLAND, FL 33969	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0080596	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GREUSEL, JAMIE B 1104 N. COLLIER BLVD. MARCO ISLAND, FL 33937				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOX, JOHN		NAME		
STREET ADDRESS	1909 CREEK LANDING		STREET ADDRESS		
CITY-ST-ZIP	HASLETT, MI 48840		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZUK, NICK		NAME	SD Cox, Daniel	
STREET ADDRESS	1041 SWALLOW AVE #303		STREET ADDRESS	7 Rawson Hill Dr.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Shrewsbury, MA 01545	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAZOR, JOHN		NAME		
STREET ADDRESS	5880 BLAIR DR		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND HEIGHTS, OH 44143		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOWNSEND, RICHARD		NAME	VIS Townsend, Richard	
STREET ADDRESS	1730 PATHWAY DR S		STREET ADDRESS		
CITY-ST-ZIP	GREENWOOD, IN 46143		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOTORELLO, JOE		NAME	D Totorello, Joe	
STREET ADDRESS	1465 CEDARWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	PISCATAWAY, NJ 08854		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joe Totorello</i> Director			Date: <i>5/1/06</i> Daytime Phone #: <i>234-442-5400</i>		

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