

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27504

FILED
Feb 27, 2009
Secretary of State

Entity Name: THE MOORINGS OF MARCO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 866
MARCO ISLAND, FL 33969

New Principal Place of Business:

1041 SWALLOW AVENUE
MARCO ISLAND, FL 34145

Current Mailing Address:

P. O. BOX 866
MARCO ISLAND, FL 33969

New Mailing Address:

P. O. BOX 866
MARCO ISLAND, FL 34146

FEI Number: 65-0080596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREUSEL, JAMIE B
1104 N. COLLIER BLVD.
MARCO ISLAND, FL 33937 US

Name and Address of New Registered Agent:

GREUSEL, JAMIE B
1104 N. COLLIER BLVD.
MARCO ISLAND, FL 34145 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:

02/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: KNOX, JOHN
Address: 1041 SWALLOW AVE PH-1
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: COX, DANIEL
Address: 145 HILLSIDE VILLAGE DR
City-St-Zip: WEST BOYLSTON, MA 01583

Title: PD () Delete
Name: MAZOR, JOHN
Address: 5880 BLAIR DR
City-St-Zip: HIGHLAND HEIGHTS, OH 44143

Title: VD () Delete
Name: TOWNSEND, RICHARD
Address: 1730 PATHWAY DR S
City-St-Zip: GREENWOOD, IN 46143

Title: D () Delete
Name: TOTORELLO, JOE
Address: 1465 CEDARWOOD DR
City-St-Zip: PISCATAWAY, NJ 08854

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: MAZOR, JOHN
Address: 1041 SWALLOW AVENUE # 204
City-St-Zip: MARCO ISLAND, FL 34145

Title: VD (X) Change () Addition
Name: TOWNSEND, RICHARD
Address: 1041 SWALLOW AVENUE # 302
City-St-Zip: MARCO ISLAND, FL 34145

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: JOHN MAZOR

PD

02/27/2009

Electronic Signature of Signing Officer or Director

Date