



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90030 005 ****61.25

DOCUMENT # N36036 1. Entity Name MOORINGS AT SHERIDAN MAINTENANCE ASSOCIATION, INC.						
Principal Place of Business 4100 N OCEAN DR HOLLYWOOD, FL 33019 US			Mailing Address 4100 N OCEAN DR HOLLYWOOD, FL 33019 US			
2. Principal Place of Business - No P.O. Box # 1145 Sawgrass Corp. Pkwy.		3. Mailing Address 1145 Sawgrass Corp. Pkwy.				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03212008 Chg-NP CR2E037 (12/06)		
City & State Sunrise, Florida		City & State Sunrise, Florida		4. FEI Number 65-0180924		
Zip 33323		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STRALEY & OTTO, P.A. 2699 STIRLING ROAD SUITE C-207 FT. LAUDERDALE, FL 33312			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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD WINSELMANN, KURT 4236 N OCEAN DRIVE HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guthard, Kevin 4210 N. Ocean Drive Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKENNEY, DAVID 4032 N. OCEAN DR. HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Mckenney, David 4032 N. Ocean Drive Hollywood, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRULARD, COLLEEN 4202 N OCEAN DRIVE HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Drulard, Colleen 4202 N. Ocean Drive Hollywood, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, CHRIS 4226 N OCEAN DRIVE HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Demrick, Diane 4020 N. Ocean Drive Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Desmarais, Yves 4010 N. Ocean Drive Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lynn, Don 4210 N. Ocean Drive Hollywood, FL 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Kurt Winselmann</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			March 25, 2008 <small>Date</small>		9548460233 <small>Daytime Phone #</small>	