

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36036

FILED  
Apr 09, 2010  
Secretary of State

**Entity Name:** MOORINGS AT SHERIDAN MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

1145 SAWGRASS CORP. PKWY.  
FORT LAUDERDALE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

1145 SAWGRASS CORP. PKWY.  
FORT LAUDERDALE, FL 33323 US

**New Mailing Address:**

**FEI Number:** 65-0180924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
SUITE C-207  
FT. LAUDERDALE, FL 33312 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:** PD  
**Name:** WINSELMANN, KURT  
**Address:** 1145 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** SD  
**Name:** MCKENNEY, DAVID  
**Address:** 1145 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** TD  
**Name:** COLLEEN, DRULARD  
**Address:** 1145 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** D  
**Name:** DEMRICK, DIANE  
**Address:** 1145 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** D  
**Name:** DESMARAIS, YVES  
**Address:** 1145 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** D  
**Name:** LEITER, CARY  
**Address:** 1145 SAWGRASS CORPORATE PARKWAY  
**City-St-Zip:** SUNRISE, FL 33323

I hereby 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 all other like empowered.

**SIGNATURE:** KURT WINSELMANN

PD

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date