

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90362 037 ****61.25

DOCUMENT # N46474	
1. Entity Name THE MOORINGS OF FISHERMAN'S COVE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 120 ANCHOR DRIVE KEY LARGO, FL 33037 US	Mailing Address 120 ANCHOR DRIVE KEY LARGO, FL 33037 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04112006 Chg-NP CR2E037 (11/05)



4. FEI Number 65-0325189	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOSS, EVELYN 120 ANCHOR DRIVE KEY LARGO, FL 33037	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIXION, KENNETH 120 ANCHOR DRIVE KEY LARGO, FL 33037			
TITLE D	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
KILBY, MAXINE 120 ANCHOR DRIVE KEY LARGO, FL 33037		DT Kilby, Maxine 120 Anchor Drive Key Largo, FL 33037	
TITLE SD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
BRICKER, LAURA 120 ANCHOR DRIVE KEY LARGO, FL 33037			
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MUCKLER, DENNIS 120 ANCHOR DRIVE KEY LARGO, FL 33037			
TITLE PD	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
GEPHART, BRENT 120 ANCHOR DRIVE KEY LARGO, FL 33037			
TITLE POA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MOSS, EVELYN 120 ANCHOR DRIVE KEY LARGO, FL 33037			

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: Evelyn Moss **Evelyn Moss** 4-26-06 305-367-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #