

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90010 010 \*\*\*\*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

2. Principal Place of Business - No P.O. Box #

10 Barracuda Lane

Suite, Apt. #, etc.

3. Mailing Address

10 Barracuda Lane

Suite, Apt. #, etc.

City & State

Key Largo, FL

City & State

Key Largo, FL

Zip

33037

Country

USA

Zip

33037

Country

USA

4. FEI Number

65-0325189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

Moss, Evelyn

Street Address (P.O. Box Number is Not Acceptable)

10 Barracuda Lane

City

Key Largo,

FL

Zip Code  
33037

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | D                  | <input type="checkbox"/> Delete            |
| NAME           | DIXON, KENNETH     |  |
| STREET ADDRESS | 120 ANCHOR DRIVE   |  |
| CITY-ST-ZIP    | KEY LARGO FL 33037 |  |
| TITLE          | DT                 | <input checked="" type="checkbox"/> Delete |
| NAME           | KILBY, MAXINE      |  |
| STREET ADDRESS | 120 ANCHOR DRIVE   |  |
| CITY-ST-ZIP    | KEY LARGO FL 33037 |  |
| TITLE          | SD                 | <input type="checkbox"/> Delete            |
| NAME           | BRICKER, LAURA     |  |
| STREET ADDRESS | 120 ANCHOR DRIVE   |  |
| CITY-ST-ZIP    | KEY LARGO FL 33037 |  |
| TITLE          | PD                 | <input type="checkbox"/> Delete            |
| NAME           | GEPHART, BRENT     |  |
| STREET ADDRESS | 120 ANCHOR DRIVE   |  |
| CITY-ST-ZIP    | KEY LARGO FL 33037 |  |
| TITLE          | POA                | <input type="checkbox"/> Delete            |
| NAME           | MOSS, EVELYN       |  |
| STREET ADDRESS | 120 ANCHOR DRIVE   |  |
| CITY-ST-ZIP    | KEY LARGO FL 33037 |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | D                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Dixon, Kenneth      |  |
| STREET ADDRESS | 10 Barracuda Lane   |  |
| CITY-ST-ZIP    | Key Largo, FL 33037 |  |
| TITLE          | TD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Muckler, Daniel     |  |
| STREET ADDRESS | 10 Barracuda Lane   |  |
| CITY-ST-ZIP    | Key Largo, FL 33037 |  |
| TITLE          | SD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Brickèr, Laura      |  |
| STREET ADDRESS | 10 Barracuda Lane   |  |
| CITY-ST-ZIP    | Key Largo, FL 33037 |  |
| TITLE          | PD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Gephart, Brent      |  |
| STREET ADDRESS | 10 Barracuda Lane   |  |
| CITY-ST-ZIP    | Key Largo, FL 33037 |  |
| TITLE          | POA                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Moss, Evelyn        |  |
| STREET ADDRESS | 10 Barracuda Lane   |  |
| CITY-ST-ZIP    | Key Largo, FL 33037 |  |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Spina, John         |  |
| STREET ADDRESS | 10 Barracuda Lane   |  |
| CITY-ST-ZIP    | Key Largo, FL 33037 |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/23/07

305-367-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #