

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90114 016 ****61.25

DOCUMENT # N46474

1. Entity Name

**THE MOORINGS OF FISHERMAN'S COVE CONDOMINIUM
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**10 BARRACUDA LN
KEY LARGO FL 33037
US**

Mailing Address

**10 BARRACUDA LN
KEY LARGO FL 33037
US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0325189

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSS, EVELYN
10 BARRACUDA LN
KEY LARGO FL 33037**

Name

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

City

FL

Zip Code

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 must be read with connecting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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** ☐ Delete
NAME **DIXON, KENNETH**
STREET ADDRESS **10 BARRACUDA LN**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **DT** ☐ Delete
NAME **MUCKLER, DANIEL**
STREET ADDRESS **10 BARRACUDA LN**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **SD** ☐ Delete
NAME **BRICKER, LAURA**
STREET ADDRESS **10 BARRACUDA LN**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **PD** ☐ Delete
NAME **GEPHART, BRENT**
STREET ADDRESS **10 BARRACUDA LN**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **POA** ☐ Delete
NAME **MOSS, EVELYN**
STREET ADDRESS **10 BARRACUDA LN**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **D** ☒ Delete
NAME **SPINA, JOHN**
STREET ADDRESS **10 BARRACUDA LN**
CITY-ST-ZIP **KEY LARGO FL 33037**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
NAME **Dixon, Kenneth**
STREET ADDRESS **10 Barracuda Lane**
CITY-ST-ZIP **Key Largo, FL 33037**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Managing Agent**
STREET ADDRESS **Moss, Evelyn**
CITY-ST-ZIP **10 Barracuda Lane**
Key Largo, FL 33037

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Kilby, Maxine**
CITY-ST-ZIP **10 Barracuda Lane**
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

3-19-08

305-367-3232