

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90016 027 \*\*\*\*61.25

**DOCUMENT # N94000003626**

1. Entity Name  
**THE MOORINGS OF SAND KEY HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
11350 66TH ST. N.  
SUITE 124  
LARGO, FL 33773 US

Mailing Address  
11350 66TH ST. N.  
SUITE 124  
LARGO, FL 33773 US

40048030



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

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3270255

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLIDAY ISLES PROPERTY MGMT., INC.  
C/O ROBERT BABCOCK  
11350 66TH ST. N., STE 124  
LARGO, FL 33773

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 required when reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MENNEN, GERRY	
STREET ADDRESS	174 SAND KEY ESTATES DR	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARIG, KLAUS	
STREET ADDRESS	194 SAND KEY ESTATES DR	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRANCOISE, RONALD	
STREET ADDRESS	158 SAND KEY ESTATES DR.	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORYELL, AVERY	
STREET ADDRESS	1621 SAND KEY ESTATES CT	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINO, JOHN	
STREET ADDRESS	1612 SAND KEY ESTATES DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOSSLAU, MIKE	
STREET ADDRESS	159 SAND KEY ESTATES COURT	
CITY-ST-ZIP	CLEARWATER, FL 33767	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francis, Robert (b)	
STREET ADDRESS	1607 Sand Key Estates Ct	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thacker, Barbara (b)	
STREET ADDRESS	154 Sand Key Estates Dr.	
CITY-ST-ZIP	Clearwater FL 33767	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vallari, Barbara (b)	
STREET ADDRESS	1654 Sand Key Estates Court	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Geraldine Mennen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

737-  
548-9402