2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003626

FILED Jan 10, 2009 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:			
11350 66TI SUITE 124							
LARGO, FI	L 33773	US					
Current Mailing Address:				New Mailing Address:			
11350 66TI SUITE 124 LARGO, FI		US					
FEI Number:	59-3270255	FEI Number Applied I	For () FEI Nur	mber Not Appl	icable ()	Certificate of Status I	Desired ()
Name and	Address of	Current Registered A	∖gent:	Name and	Address o	of New Registered Ag	ent:
C/O ROBE 11350 66TI LARGO, FI	ERT BABCO H ST. N., ST L 33773 US	E 124					
	named entit of Florida.	y submits this statemer	it for the purpose o	of changing i	ts registere	d office or registered ao	gent, or both,
SIGNATUF	RE:						
	Electr	onic Signature of Regis	tered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MENNEN, GE 174 SAND KI	() Delete ERRY EY ESTATES DR ER, FL 33767		Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Address: City-St-Zip:	HARIG, KLAU 194 SAND K	() Delete JS EY ESTATES DR ER, FL 33767		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	FRANCOISE 158 SAND KI	() Delete , RONALD EY ESTATES DR. ER, FL 33767		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CORYELL, A 1621 SAND F	()Delete VERY KEY ESTATES CT ER, FL 33767		Title: Name: Address: City-St-Zip:		(X) Change () Addition NE, TAMMY KEY ESTATES DR 'ER, FL 33767	
Title: Name: Address: City-St-Zip:	THACKER, B 154 SAND KI	() Delete ARBARA EY ESTATES DR ER BEACH, FL 33767		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Vame:	FRANCIS, RO	() Delete DBERT KEY ESTATES CT		Title: Name: Address:	SD FRANCIS, R 1607 SAND	(X) Change () Addition ROBERT KEY ESTATES CT	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GERALDINE MENNEN PD 01/10/2009