FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

HENDERSON, STEVE L

817 BEACHLAND BLVD.

VERO BEACH FL 32963



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000004298 (5)

THE MOORINGS SQUARE ASSOCIATION, INC.

Principal Place of Business Mailing Address 817 BEACHLAND BLVD. 817 BEACHLAND BLVD. 3. Date Incorporated or Qualified VERO BEACH FL 32963 VERO BEACH FL 32963 08/31/1994 4. FEI Number Applied For 59-3263987 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution ; 22 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes Yes **⊠** No 28 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Country Zφ Country Zip Yes 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name

City Zip Code R4

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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE NΡ 1.1 TITLE WINNE, ELWYN NAME 1.2 NAME 2096 WINDWARD WAY STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME LAMPERT, WILLIAM A 2.2 NAME 1155 BOWLINE DR. STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE RICE, HALLIE P SR. 3.2 NAME NAME 1816 MOORING LINE DRIVE STREET ADDRESS 3.3 STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition Change TITLE 4.1 TITLE ROBERTS, HARRY NAME 4.2 NAME 1001 SPYGLASS LANE 4.3 STREET ADDRESS STREET ADORESS **VERO BEACH FL 32963** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this ennual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if chapaged, or on an attachment with an address.

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

FILED

Apr 17 1998 8:00am

Secretary of State

(10/97 CRZE037