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Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90034 046 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004298**

1. Corporation Name

**THE MOORINGS SQUARE ASSOCIATION, INC.**

Principal Place of Business

817 BEACHLAND BLVD.  
VERO BEACH FL 32963

Mailing Address

817 BEACHLAND BLVD.  
VERO BEACH FL 32963



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/31/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3263987</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**HENDERSON, STEVE L**  
817 BEACHLAND BLVD.  
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINNE, ELWYN</b>	1.2 NAME	
STREET ADDRESS	<b>2096 WINDWARD WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMPERT, WILLIAM A</b>	2.2 NAME	<b>Address Change</b>
STREET ADDRESS	<b>1155 BOWLINE DR.</b>	2.3 STREET ADDRESS	<b>1880 BOY RD.</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	2.4 CITY-ST-ZIP	<b>Spinnaker Point 121</b>
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, HALIE P. SR.</b>	3.2 NAME	
STREET ADDRESS	<b>155 ANCHOR DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, HARRY</b>	4.2 NAME	
STREET ADDRESS	<b>1001 SPYGLASS LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

March 31, 1999

Date

Daytime Phone #

561-  
231-9897

CR2E037 (11/98)