2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000001815

1. Entity Name
THE MOORINGS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18 LEEWARD DRIVE CRAWFORDVILLE, FL 32327	18 LEEWARD DRIVE CRAWFORDVILLE, FL 32327

DO NOT WRITE IN THIS SPACE

02042008 · No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3407105

☐ Applied Fo
☐ Not Applic

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

6. Name and Address of Current Registered Agent

THERIAQUE, DAVID A
909 E PARK AVE
TALLAHASSEE, FL 32301

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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 acc 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

000000816588
02/14/08-80057-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LENAERTS, JOHN
STREET ADDRESS	18 LEEWARD DRIVE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	TD
NAME	NOVINGER, BETH
STREET ADDRESS	40 LEEWARD DRIVE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	VD
NAME	EHRENHARD, JOHN
STREET ADDRESS	20 LEEWARD DRIVE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 informati 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [signature] PRESIDENT