

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003587 (0)**

1. Corporation Name

**MOORINGS PARK FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**120 MOORINGS PARK DRIVE  
NAPLES FL 33942**

**120 MOORINGS PARK DRIVE  
NAPLES FL 34105-2122**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/05/1996</b>		3a. Date of Last Report <b>N/A</b>	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number <b>65-0687721</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOSCH, GUENTHER  
120 MOORINGS PARK DRIVE  
NAPLES FL 33942**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 *Guenter Gosch* **Guenter Gosch** DATE **Jan 22, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAHAMSON, VINCENT W MR</b>	1.2 NAME	
STREET ADDRESS	<b>120 MOORINGS PARK DR., E-304</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOSCH, GUENTHER MR</b>	2.2 NAME	
STREET ADDRESS	<b>120 MOORINGS PARK DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, GEORGETTE L MRS</b>	3.2 NAME	
STREET ADDRESS	<b>114 MOORINGS PARK DR., A-510</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, JAMES L MR</b>	4.2 NAME	
STREET ADDRESS	<b>120 MOORINGS PARK DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANKONIN, LES MR</b>	5.2 NAME	
STREET ADDRESS	<b>122 MOORINGS PARK DR., G-802</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETTI, MICHAEL DR.</b>	6.2 NAME	
STREET ADDRESS	<b>104 MOORINGS PARK DR., D-304</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Guenter Gosch* **Guenter Gosch** DATE **2-17-1997** DAYTIME PHONE # **941 261 1616**

CR2E037 (9/96)