


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 33942**

3. Date Incorporated or Qualified

07/05/1996

4. FEI Number

65-0687721

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 120 Moorings Park Drive

2a 120 Moorings Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Naples, FL

2b Naples, FL

Zip

Country

Zip

Country

24 34105

25 Collier

29 34105

30 Collier

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ 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 34105**

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]

4/07/98

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	D	<input checked="" type="checkbox"/> DELETE
NAME	ABRAHAMSON, VINCENT W MR	
STREET ADDRESS	120 MOORINGS PARK DR., E-304	
CITY-ST-ZIP	NAPLES FL 33942	

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SMITH, CHARLES C.	
1.3 STREET ADDRESS	124 MOORINGS PARK DR., H-101	
1.4 CITY-ST-ZIP	NAPLES, FL 34105	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOSCH, GUENTHER MR	
STREET ADDRESS	120 MOORINGS PARK DR.	
CITY-ST-ZIP	NAPLES FL 33942	

2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	NAPLES, FL 34105	
2.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, GEORGETTE L MRS	
STREET ADDRESS	114 MOORINGS PARK DR., A-510	
CITY-ST-ZIP	NAPLES FL 33942	

3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	Naples, FL 34105	
3.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, JAMES L MR	
STREET ADDRESS	120 MOORINGS PARK DRIVE	
CITY-ST-ZIP	NAPLES FL 33942	

4.1 TITLE	VC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	G. GREGG THOMPSON	
4.3 STREET ADDRESS	114 MOORINGS PARK DR., A-711	
4.4 CITY-ST-ZIP	NAPLES, FL 34105	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PANKONIN, LES MR	
STREET ADDRESS	122 MOORINGS PARK DR., G-802	
CITY-ST-ZIP	NAPLES FL 33942	

5.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	NAPLES, FL 34105	
5.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETTI, MICHAEL DR.	
STREET ADDRESS	104 MOORINGS PARK DR., D-304	
CITY-ST-ZIP	NAPLES FL 33942	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 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:

[Signature]

4/7/98

CR2E037 (10/97)