

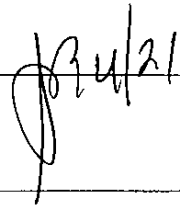
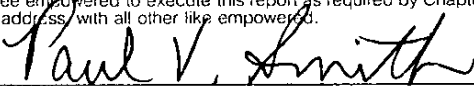


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N96000003587 1. Entity Name MOORINGS PARK FOUNDATION, INC.						FILED 06 APR 19 AM 8:06 	
Principal Place of Business 120 MOORINGS PK DR NAPLES FL 34105 US				Mailing Address 120 MOORINGS PK DR NAPLES FL 34105 US			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E037 (10/05) 4. FEI Number 65-0687721 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SMITH, PAUL V 114 MOORINGS PARK DRIVE A-604 NAPLES FL 34105				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
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 accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____							
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CD TOMKINS, WILLIAM S <input checked="" type="checkbox"/> Delete			TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	122 MOORING PARK DR, G-401			NAME	COLLAPORE, BACON		
STREET ADDRESS	NAPLES FL 34105			STREET ADDRESS	114 MOORINGS PARK DR, A403		
CITY-ST-ZIP	NAPLES FL 34105			CITY-ST-ZIP	NAPLES FL 34105		
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, PAUL V			NAME			
STREET ADDRESS	114 MOORINGS PARK DR A604						
CITY-ST-ZIP	NAPLES FL 34105						
TITLE	VCD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CABLE, JANE P			NAME	600072731336 04/28/06--01032--004 **61.25		
STREET ADDRESS	122 MOORINGS PARK DRIVE G-811						
CITY-ST-ZIP	NAPLES FL 34105						
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAUSONTHUE, BRUCE D			NAME	600072731336 04/28/06--01032--004 **61.25		
STREET ADDRESS	122 MOORINGS PARK DRIVE G-404						
CITY-ST-ZIP	NAPLES FL 34105						
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____			