2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2023
Secretary of State
1451189108CC

DOCUMENT# N05025

Entity Name: THE MOORINGS AT ABERDEEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463

Current Mailing Address:

GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463 US

FEI Number: 59-2789434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST JOHN ROSSIN PODESTA & BURR, PLLC
1601 FORUM PLACE SUITE 700
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: RICHARD BURR 03/17/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	TREASURER
Name	HALLEY, JANE	Name	LUBELL, ALFRED
Address	3900 WOODLAKE BLVD SUITE 309	Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	DIRECTOR	Title	VP
Name	WEISER, MITCHEL	Name	LANDAY, TAMARA
Address	3900 WOODLAKE BLVD SUITE 309	Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	SECRETARY	Title	PRESIDENT
Name	CALLAHAN, KAREN	Name	COHEN, LAURENCE
Address	3900 WOODLAKE BLVD SUITE 309	Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	DIRECTOR	Title	DIRECTOR
Name	ANTIS, CLYDE	Name	OSHEROWITZ, SHELDON
Address	3900 WOODLAKE BLVD SUITE 309	Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURENCE COHEN PRESIDENT 03/17/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	COHEN, ROBERTA
Address	3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463