

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010026

**Entity Name:** MOORINGS PARK FOUNDATION, INC.

**Current Principal Place of Business:**

120 MOORINGS PARK DR.  
NAPLES, FL 34105

**Current Mailing Address:**

120 MOORINGS PARK DR.  
NAPLES, FL 34105 US

**FEI Number:** 26-3631295

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LAVENDER, DANIEL J  
120 MOORINGS PARK DR  
NAPLES, FL 34105 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT/CEO  
Name            LAVENDER, DANIEL J  
Address        120 MOORINGS PARK DRIVE  
City-State-Zip: NAPLES FL 34105

Title            DIRECTOR  
Name            SHEFFIELD, KARL  
Address        142 MOORINGS PARK DRIVE  
                  Q306  
City-State-Zip: NAPLES FL 34105

Title            SECRETARY/TREASURER  
Name            LYONS, DUDLEY  
Address        2490 COUR JASMIN  
                  E-402  
City-State-Zip: NAPLES FL 34105

Title            DIRECTOR  
Name            GRONLUND, GLEN  
Address        114 MOORINGS PARK DRIVE  
                  A-112  
City-State-Zip: NAPLES FL 34105

Title            CHAIRMAN  
Name            HORTON, ALAN  
Address        122 MOORINGS PARK DRIVE  
                  G411  
City-State-Zip: NAPLES FL 34105

Title            DIRECTOR  
Name            CONNOLLY-KEESLER, EILEEN  
Address        1110 PINE RIDGE ROAD  
                  SUITE 200  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            JESSEE, JAMES  
Address        160 MOORINGS PARK DRIVE  
                  J-402  
City-State-Zip: NAPLES FL 34105

Title            DIRECTOR  
Name            KAUFFMAN, GARY  
Address        2425 RUE DE LA GRANDE PLACE  
                  K 402  
City-State-Zip: NAPLES FL 34105

**Continues on page 2**

*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:** DANIEL J. LAVENDER

**PRESIDENT/CEO**

**02/04/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SCHNEIDER, L. PATT DR.  
Address        124 MOORINGS PARK DRIVE  
                  H 101  
City-State-Zip: NAPLES FL 34105