

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 710368 (2)

1. Corporation Name

THIRD MOORINGS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1501 NORTH EAST MIAMI GARDENS DRIVE  
NO. MIAMI BEACH FL 331791501 NORTH EAST MIAMI GARDENS DRIVE  
NO. MIAMI BEACH FL 33179-4835

3. Date Incorporated or Qualified

02/15/1966

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

59-1160715

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENBERG, MOE  
1501 NORTHEAST MIAMI GARDENS DRIVE  
#153  
NORTH MIAMI BEACH FL 33179

81 Name

Anthony Capestany

82 Street Address (P.O. Box Number is Not Acceptable)

1501 NE Miami Gardens Dr. C255

83

No. Miami Beach,

84 City

FL

85 Zip Code

33179

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

President

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHMUCKLER, ANN	
STREET ADDRESS	1501 NE MIAMI GARDEN DR	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, MOE	
STREET ADDRESS	1501 N E MIAMI GRDNS DR #C153	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V.P. Heincz Barwald
2.3 STREET ADDRESS	1501 N.E. Miami Gardens Dr. C251
2.4 CITY-ST-ZIP	No. Miami Beach, FL 33179

TITLE	V	<input type="checkbox"/> DELETE
NAME	CADASTANY, ANTHONY	
STREET ADDRESS	1501 N E MIAMI GRDNS DR #C255	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Capestany, Anthony
3.3 STREET ADDRESS	1501 N.E. Miami Gdns Dr. C255
3.4 CITY-ST-ZIP	No Miami Bch, FL 33179

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILK, S.	
STREET ADDRESS	1501 N E M. G. DR	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	LOFTIS, JEWEL	
STREET ADDRESS	1501 N E M. G.	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOCKER, MARY L	
STREET ADDRESS	1501 N E MIAMI GRDNS DR #C246	
CITY-ST-ZIP	MIAMI FL	

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 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:

Jewel G. Loftis, Treas.

Jan. 8, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033274

CR2E037 (9/96)