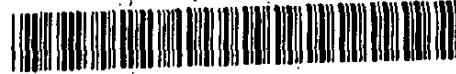


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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90214 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 710368					
1. Corporation Name THIRD MOORINGS CONDOMINIUM, INC.					
Principal Place of Business 1501 NORTH EAST MIAMI GARDENS DRIVE NO. MIAMI BEACH FL 33179			Mailing Address 1501 NORTH EAST MIAMI GARDENS DRIVE NO. MIAMI BEACH FL 33179		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1966	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1160715	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BARWALD, HEINZ 1501 N.E. MIAMI GARDENS DR., #251 NORTH MIAMI BEACH FL 33179				CAPESTANY, ANTHONY 1501 N.E. MIAMI GARDENS DR C255 NO. MIAMI BEACH FL 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) 3/23/99					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE				☐ Change ☐ Addition	
TITLE	S	1.1 TITLE			
NAME	SCHMUCKLER, ANN	1.2 NAME			
STREET ADDRESS	1501 NE MIAMI GARDEN DR	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP			
TITLE	P	2.1 TITLE			
NAME	BARWALD, HEINZ	2.2 NAME			
STREET ADDRESS	1501 N.E. MIAMI GARDENS DR., C251	2.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP			
TITLE	VP	3.1 TITLE			
NAME	CAPESTANY, ANTHONY	3.2 NAME			
STREET ADDRESS	1501 N.E. MIAMI GARDENS DR., C255	3.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL	3.4 CITY-ST-ZIP			
TITLE	D	4.1 TITLE			
NAME	LUTZKER, SAM	4.2 NAME			
STREET ADDRESS	1501 N.E. MIAMI GARDENS DRIVE APT. 350	4.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	4.4 CITY-ST-ZIP			
TITLE	T	5.1 TITLE			
NAME	TORRES, URSULA	5.2 NAME			
STREET ADDRESS	1501 N.E. MIAMI GARDENS DRIVE APT. 241	5.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	5.4 CITY-ST-ZIP			
TITLE	D	6.1 TITLE			
NAME	BLOCKER, MARY L	6.2 NAME			
STREET ADDRESS	1501 N E MIAMI GRDNS DR #C246	6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	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, with all other names empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* 1/20/99 305-945-1033

Daytime Phone #

CR2E037 (1/98)