2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State
07-13-2007 90088 047 ****61.25

DOCUMENT # 710368

1. Entity Name
THIRD MOORINGS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1501 NORTH EAST MIAMI GARDENS DRIVE NO. MIAMI BEACH, FL 33179	1501 NORTH EAST MIAMI GARDENS DRIVE NO. MIAMI BEACH, FL 33179

07082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1501 Miami Gardens Dr	1501 Miami Gardens Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33179 Country	Zip: 33179 Country

4. FEI Number 59-1160715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHENDELL & ASSOCIATES, P.A. 3650 NORTH FEDERAL HWY, STE 202 POMPANO BEACH, FL 33064	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAYDEN, DEBORAH 1501 NE MIAMI GARDENS DR. APT 151 NORTH MIAMI BEACH, FL 33179	☒ Delete	PD GALE PRAWDA 1501 N.E. MIAMI GARDENS DR #357 MIAMI, FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STANLEY, GILBERT 1501 NE MIAMI GARDENS DR. APT 148 N. MIAMI BEACH, FL 33179	☒ Delete	VPD JOSE M. LANDAVERDE 1501 N.E. MIAMI GARDENS DR. #354 MIAMI, FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARIAS, GUSTANO 1501 NE MIAMI GARDENS DR APT 256 MIAMI, FL 33179	☒ Delete	Treas. Arline McBride 1501 Miami Gardens Dr #138 Miami Fl. 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GABRIELA, ARIAS 1501 NE MIAMI GARDENS DR APT 147 NORTH MIAMI BEACH, FL 33179	☒ Delete	D CELINA CHECKLEY 1501 N.E. MIAMI GARDENS DR. #255 MIAMI, FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILKINSON, ELBA 1501 NE MIAMI GARDENS DR APT 241 NORTH MIAMI BEACH, FL 33179	☒ Delete	SD VILMA GONZALEZ 1501 N.E. MIAMI GARDENS DR. #344 MIAMI, FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUELBER, LUIZA 1501 N.E. MIAMI GARDENS DR. APT 337 NORTH MIAMI BEACH, FL 33179	☒ Delete	D FERNANDO SEELIG 1501 N.E. MIAMI GARDENS DR # 157 MIAMI, FL 33179	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Arline McBride 7/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #