

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90011 031 ****61.25

DOCUMENT # 714251

1. Entity Name

SEVENTH MOORINGS CONDOMINIUM, INC.



Principal Place of Business

18601 NE 14 AVE
N MIAMI BEACH FL 33179
US

Mailing Address

18601 N.E. 14TH AVE.
N MIAMI BEACH FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1261361

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

SCHECTMAN, AARON H
18601 NE 14 AVE #312
N MIAMI BEACH FL 33179

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE TD
NAME SHAPIRO, PAULA ☐ Delete
STREET ADDRESS 18601 NE 14TH AVENUE
CITY-ST-ZIP N MIAMI BEACH FL

TITLE PD
NAME SCHECTMAN, AARON ☐ Delete
STREET ADDRESS 18601 NE 14TH AVE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE VD
NAME ESTHER, GORDON ☐ Delete
STREET ADDRESS 18601-NE-14TH AVE
CITY-ST-ZIP MIAMI FL 33179

TITLE D
NAME BARONE, PAOLO ☐ Delete
STREET ADDRESS 18601 NE 14TH AVE
CITY-ST-ZIP MIAMI FL 33179

TITLE SD
NAME Waldman, Margie ☐ Delete
STREET ADDRESS 18601 NE 14th Ave
CITY-ST-ZIP Miami FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME D Gordon, Esther
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: Aaron H. Schectman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 1, 2004 (305) 949-2701

Date

Daytime Phone #