

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90040 036 ****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**

40001966



DO NOT WRITE IN THIS SPACE

01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1261361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE: D
NAME: ESTHER, GORDON
STREET ADDRESS: 18601 NE 14TH AVE
CITY-ST-ZIP: MIAMI, FL 33179

TITLE: VD
NAME: BARONE, PAOLO
STREET ADDRESS: 18601 NE 14TH AVE
CITY-ST-ZIP: MIAMI, FL 33179

TITLE: SD
NAME: WALDMAN, MARGIE
STREET ADDRESS: 18601 NE 14TH AVE.
CITY-ST-ZIP: MIAMI, FL 33179

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

**DO NOT WRITE
IN THIS SPACE**

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

01-10-05 605
8492201
Date Daytime Phone #