**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

APPROVED AND FILED

95 MAR -2 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749171 (5)

1. Corporation Name

THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 701 WHITCOMB BLVD.<br>TARPON SPRINGS FL 34689<br>US | 701 WHITCOMB BLVD.<br>TARPON SPRGS FL 34689<br>US |

3. Date Incorporated or Qualified: 10/03/1979
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1963111 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LOBECK, DANIEL J.
2063 MAIN ST
SUITE 101
SARASOTA FL 34237

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CULLU, DANIEL<br>701 WHITCOMB B-7<br>TARPON SPRINGS, FL 00000 | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P<br>GREEN, BRUCE<br>701 Whitcomb 10-H<br>Tarpon Springs, FL 34689 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>LOTT, PETER<br>701 WHITCOMB #A5<br>TARPON SPRINGS, FL 00000 | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VP<br>CULLU, DANIEL<br>701 Whitcomb B-7<br>Tarpon Springs, FL 34689 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>O'BRIEN, LOREE<br>701 WHITCOMB #F2<br>TARPON SPRINGS FL | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | T<br>ELLEN SIMS<br>701 Whitcomb 4-E<br>Tarpon Springs, FL 34689 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FREE, ALICE<br>701 WHITCOMB 12-A<br>TARPON SPRINGS FL | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>FREE, ALICE<br>701 Whitcomb 12-A<br>Tarpon Springs, FL 34689 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ADKINS, ROBERT<br>701 WHITCOMB B-3<br>TARPON SPRINGS FL | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>HENDRICKS, ROBERT<br>701 Whitcomb 10-A<br>Tarpon Springs, FL 34689 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DUNLAVY, RICHARD<br>701 WHITCOMB #C10<br>TARPON SPRINGS FL | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D<br>DUNLAVY, RICHARD<br>701 Whitcomb C-10<br>Tarpon Springs, FL 34689 | ☐ Change ☐ Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 2/20/95 813 738 6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020004