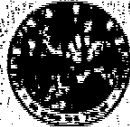


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAR -2 PM 3:50

DOCUMENT # 749171 (5)

1. Corporation Name

**THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSO
CIATION, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

701 WHITCOMB BLVD.
TARPON SPRINGS FL 34689
US

701 WHITCOMB BLVD.
TARPON SPRGS FL 34689
US

DO NOT WRITE IN THIS SPACE

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CULLU, DANIEL
STREET ADDRESS 701 WHITCOMB B-7
CITY-ST-ZIP TARPON SPRINGS, FL 00000

1.1 TITLE P
1.2 NAME GREEN, BRUCE
1.3 STREET ADDRESS 701 Whitcomb 10-H
1.4 CITY-ST-ZIP Tarpon Springs, FL 34689
☒ Change ☐ Addition

TITLE VP
NAME LOTT, PETER
STREET ADDRESS 701 WHITCOMB #A5
CITY-ST-ZIP TARPON SPRINGS, FL 00000

2.1 TITLE VP
2.2 NAME CULLU, DANIEL
2.3 STREET ADDRESS 701 Whitcomb B-7
2.4 CITY-ST-ZIP Tarpon Springs, FL 34689
☒ Change ☐ Addition

TITLE T
NAME O'BRIEN, LOREE
STREET ADDRESS 701 WHITCOMB #F2
CITY-ST-ZIP TARPON SPRINGS FL

3.1 TITLE T
3.2 NAME ELLEN SIMS
3.3 STREET ADDRESS 701 Whitcomb 4-E
3.4 CITY-ST-ZIP Tarpon Springs, FL 34689
☒ Change ☐ Addition

TITLE D
NAME FREE, ALICE
STREET ADDRESS 701 WHITCOMB 12-A
CITY-ST-ZIP TARPON SPRINGS FL

4.1 TITLE D
4.2 NAME FREE, ALICE
4.3 STREET ADDRESS 701 Whitcomb 12-A
4.4 CITY-ST-ZIP Tarpon Springs, FL 34689
☐ Change ☐ Addition

TITLE S
NAME ADKINS, ROBERT
STREET ADDRESS 701 WHITCOMB B-3
CITY-ST-ZIP TARPON SPRINGS FL

5.1 TITLE D
5.2 NAME HENDRICKS, ROBERT
5.3 STREET ADDRESS 701 Whitcomb 10-A
5.4 CITY-ST-ZIP Tarpon Springs, FL 34689
☒ Change ☐ Addition

TITLE D
NAME DUNLAVY, RICHARD
STREET ADDRESS 701 WHITCOMB #C10
CITY-ST-ZIP TARPON SPRINGS FL

6.1 TITLE D
6.2 NAME DUNLAVY, RICHARD
6.3 STREET ADDRESS 701 Whitcomb C-10
6.4 CITY-ST-ZIP 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)(k), 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 a receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #