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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749171 (5)
1. Corporation Name
THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 701 WHITCOMB BLVD. TARPON SPRINGS FL 34689 US	Mailing Address 701 WHITCOMB BLVD. TARPON SPRGS FL 34689-2676 US
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3. Date Incorporated or Qualified 10/03/1979	3a. Date of Last Report 03/14/1996
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21. Principal Place of Business 450 Moorings Cove Drive	22. Suite, Apt. #, etc.	2a. Mailing Address 450 Moorings Cove Drive	27. Suite, Apt. #, etc.
23. City & State Tarpon Springs, FL	24. Zip 34689	25. Country USA	28. City & State Tarpon Springs, FL
29. Zip 34689	30. Country USA		

4. FEI Number 59-1963111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ZACUR & GRAHAM, P.A.
5200 CENTRAL BLVD
ST PETERSBURG FL 33733**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, BRUCE R	
STREET ADDRESS	701 WHITCOMB 10-H	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FREE, ALICE	
STREET ADDRESS	701 WHITCOMB #12A	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, JOSEPHINE	
STREET ADDRESS	701 WHITCOMB #11B	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SIMS, ELLEN	
STREET ADDRESS	701 WHITCOMB 4-E	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENDRICKS, ROBERT	
STREET ADDRESS	701 WHITCOMB #10-A	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COMINI, E.J.	
STREET ADDRESS	701 WHITCOMB #2B	
CITY-ST-ZIP	TARPON SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GARDNER, SHERMAN	
1.3 STREET ADDRESS	375 Mooring Cove Drive	
1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COMINI, E.J.	
2.3 STREET ADDRESS	326 Moorings Cove Drive	
2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHAW, JOSEPHINE	
3.3 STREET ADDRESS	349 Moorings Cove Drive	
3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BINKLEY, SHARON	
4.3 STREET ADDRESS	380 Moorings Cove Drive	
4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RITTER, JACK	
5.3 STREET ADDRESS	366 Moorings Cove Drive	
5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	REALMUTO, JOAN	
6.3 STREET ADDRESS	369 Moorings Cove Drive	
6.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	

14. I do 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 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: *Sherman Gardner* **SHERMAN GARDNER** 1/27/97 (813) 938-6969
DATE: _____ DAYTIME PHONE: _____

CR2E037 (9/96)

CHANGES/ADDITIONS TO OFFICERS AND DIRECTORS IN 12

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DIRECTOR

KESSLER, SHARON - Addition
359 Moorings Cove Drive
Tarpon Springs, FL 34689