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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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.



Principal Place of Business: 450 MOORINGS COVE DRIVE, TARPON SPRINGS FL 34689 US
Mailing Address: 450 MOORINGS COVE DRIVE, TARPON SPRINGS FL 34689 US

3. Date Incorporated or Qualified: 10/03/1979
4. FEI Number: 59-1963111
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ZACUR & GRAHAM, P.A.
5200 CENTRAL BLVD
6T 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 type="checkbox"/> DELETE
NAME	GARDNER, SHERMAN	
STREET ADDRESS	375 MOORING COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	COMINI, E.J.	
STREET ADDRESS	326 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHAW, JOSEPHINE	
STREET ADDRESS	349 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BINKLEY, SHARON	
STREET ADDRESS	360 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RITTER, JACK	
STREET ADDRESS	368 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REALMUTO, JOAN	
STREET ADDRESS	369 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	ALICE FREE (VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	335 MOORINGS COVE DR	
2.3 STREET ADDRESS	TARPON SPRINGS, FL	
2.4 CITY-ST-ZIP	34689	
3.1 TITLE	ELLEN SIMS (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	362 MOORINGS COVE DR.	
3.3 STREET ADDRESS	TARPON SPRINGS, FL	
3.4 CITY-ST-ZIP	34689	
4.1 TITLE	BRUCE GREEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	361 MOORINGS COVE DR.	
4.3 STREET ADDRESS	TARPON SPRINGS, FL	
4.4 CITY-ST-ZIP	34689	
5.1 TITLE	SHARON KESSLER (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	359 MOORINGS COVE DR.	
5.3 STREET ADDRESS	TARPON SPRINGS, FL	
5.4 CITY-ST-ZIP	34689	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Ellen W. Sims Ellen W. Sims 1/15/98 (813) 938 6969

CR2E037 (10/97)