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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749171

1. Corporation Name

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/03/1979

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **GARDNER, SHERMAN**
STREET ADDRESS **375 MOORINGS COVE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **VP** ☒ DELETE
NAME **FREE, ALICE**
STREET ADDRESS **335 MOORINGS COVE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☒ DELETE
NAME **SIMS, ELLEN**
STREET ADDRESS **362 MOORINGS COVE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☒ DELETE
NAME **GREEN, BRUCE**
STREET ADDRESS **361 MOORINGS COVE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☒ DELETE
NAME **KESSLER, SHARON**
STREET ADDRESS **359 MOORINGS COVE DRIVE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **CULLU, DANIEL S.**
1.3 STREET ADDRESS **420 Moorings Cove Drive**
1.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

2.1 TITLE **VP** ☒ Change ☐ 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 **D** ☒ Change ☐ Addition
3.2 NAME **SPINALE, JOHN**
3.3 STREET ADDRESS **358 Moorings Cove Drive**
3.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **BIZZOTTI, BARBARA**
4.3 STREET ADDRESS **355 Moorings Cove Drive**
4.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **SCOTT, BERNARD**
5.3 STREET ADDRESS **369 Moorings Cove Drive**
5.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE RECEIVED

3-4-99

Date

(727) 938-6969

Daytime Phone #

CR2E037 (11/98)