

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90040 005 ****61.25

DOCUMENT # 749171

1. Entity Name

THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSO

Principal Place of Business

Mailing Address

450 MOORINGS COVE DRIVE
 TARPON SPRINGS FL 34689
 US

450 MOORINGS COVE DRIVE
 TARPON SPRINGS FL 34689-2683
 US

00010040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1963111

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZACUR & GRAHAM, P.A.
 5200 CENTRAL BLVD
 ST PETERSBURG FL 33733

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLU, DANIEL S	NAME	
STREET ADDRESS	420 MOORINGS COVE DR	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMINI, E.J	NAME	TUPPER, LINDA
STREET ADDRESS	326 MOORINGS COVE DR	STREET ADDRESS	428 Moorings Cove Dr.
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINDALE, JOHN	NAME	SCOTT, MARYANN
STREET ADDRESS	358 MOORINGS COVE DR	STREET ADDRESS	381 Moorings Cove Dr.
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIZZOTTI, BARBARA	NAME	
STREET ADDRESS	355 MOORINGS COVE DR	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, BERNARD	NAME	
STREET ADDRESS	369 MOORINGS COVE DR	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *MARYANN SCOTT* TREASURER 2-2-00 (727) 938-6969
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)