

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90067 022 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # 749171**

1. Entity 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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-1963111</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired -  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CULLU, DANIEL S</b> <b>420 MOORINGS COVE DR</b> <b>TARPON SPRINGS FL 34689</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TUPPER, LINDA</b> <b>428 MOORINGS COVE DR</b> <b>TARPON SPRINGS FL 34689</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COLES, DUDLEY</b> <b>325 MOORINGS COVE DRIVE</b> <b>TARPON SPRINGS FL 34689</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, DONALD</b> <b>339 MOORINGS COVE DRIVE</b> <b>TARPON SPRINGS FL 34689</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, BERNARD</b> <b>369 MOORINGS COVE DR</b> <b>TARPON SPRINGS FL 34689</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>ROBERT ADKINS</b> <b>360 MOORINGS COVE DR</b> <b>TARPON SPRINGS FL 34689</b> <input checked="" type="checkbox"/> Change, <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>CHRISTOPHER GENNA</b> <b>366 MOORINGS COVE DRIVE</b> <b>TARPON SPRINGS, FL 34689</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE REQUIRED **4-25-2002** **127-938-6969**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)