


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90050 034 ****61.25

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. 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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FICKINGER, PETER	NAME	
STREET ADDRESS	355 MOORINGS COVE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, JUDITH	NAME	
STREET ADDRESS	360 MOORINGS COVE DR	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLES, DUDLEY	NAME	
STREET ADDRESS	325 MOORINGS COVE DRIVE	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	DAVIS, DONALD	NAME	
STREET ADDRESS	339 MOORINGS COVE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, EDWARD	NAME	SHAW, JOSEPHINE
STREET ADDRESS	329 MOORINGS COVE DRIVE	STREET ADDRESS	349 MOORINGS COVE DRIVE
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERBUSH, ROBERT	NAME	
STREET ADDRESS	365 MOORINGS COVE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	

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MOORE CR2E037 (11/03)

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: Robert Terbush **ROBERT TERBUSH** 2/13/04 (727)938-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #