

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90226 021 ****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**

20043413



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-1963111**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ZACUP & GRAHAM, P.A.
 5900 CENTRAL BLVD
 ST PETERSBURG, FL 33733**

7. Name and Address of New Registered Agent

Name **PEYTON LAW FIRM, P.A. - DONALD R PEYTON**

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

7317 LITTLE ROAD

City **NEW PORT RICHEY FL** Zip Code **34654**

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 *Donald R. Peyton* DATE **4-13-05**

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
 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	FICKINGER, PETER	
STREET ADDRESS	355 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ADKINS, JUDITH	
STREET ADDRESS	360 MOORINGS COVE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COLES, DUDLEY	
STREET ADDRESS	325 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DONALD	
STREET ADDRESS	339 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAW, JOSEPHINE	
STREET ADDRESS	349 MOORINGS COVE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TERBUSH, ROBERT	
STREET ADDRESS	365 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, SANDRA	
STREET ADDRESS	335 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENNIS, JEANNE	
STREET ADDRESS	337 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DONALD	
STREET ADDRESS	339 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34789	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, ELLEN	
STREET ADDRESS	362 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Donald Davis* **DONALD DAVIS PRES.** DATE: **4-19-05** PHONE: **727-938-6969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #