


**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90401 032 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

20031942

<b>DOCUMENT # 749171</b>			
1. Entity Name <b>THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>450 MOORINGS COVE DRIVE TARPON SPRINGS, FL 34689 US</b>		Mailing Address <b>450 MOORINGS COVE DRIVE TARPON SPRINGS, FL 34689 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>PEYTON LAW FIRM P A DONALD R PEYTON 7317 LITTLE ROAD NEW PORT RICHEY, FL 34654</b>		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	Zip Code
FL			
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 <u>on file</u>			
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when registering) DATE			
Filing Fee is \$81.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	VP FICKINGER, PETER 355 MOORINGS COVE DRIVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FICKINGER, PETER 355 MOORINGS COVE DRIVE TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DELGADO, SANDRA 337 MOORINGS COVE DR TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENNIS, JEANNE 337 MOORINGS COVE DR TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ENNIS, JEANNE 337 MOORINGS COVE DRIVE TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, DONALD 339 MOORINGS COVE DR TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, DONALD 339 MOORINGS COVE DRIVE TARPON SPRINGS, FLA. 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SIMS, EILEEN 362 MOORINGS COVE DR TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEAD, JON 1434 Farrindon Circle ORLANDO, FL. 32746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TERBUSH, ROBERT 365 MOORINGS COVE DRIVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TERBUSH, ROBERT 365 MOORINGS COVE DRIVE TARPON SPRINGS, FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert Terbush</u>		DATE: <u>4/14/2006</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

PAGE -2-

ATTACHMENT 20031942

# 749121

#10

D  
DILLALO, ALEX  
408 MOORINGS COVE DRIVE  
TARPON SPRINGS, FL 34689