

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749171

FILED
May 01, 2009
Secretary of State

Entity Name: THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

450 MOORINGS COVE DRIVE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

450 MOORINGS COVE DRIVE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-1963111 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRANCIS M. KING, P.L.
FRANCIS M. KING
233 GRAND BLVD
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FICKINGER, PETER
Address: 355 MOORINGS COVE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: S () Delete
Name: DELGADO, SANDRA
Address: 337 MOORINGS COVE DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP () Delete
Name: ENNIS, JEANNE
Address: 337 MOORINGS COVE DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P () Delete
Name: DAVIS, DONALD
Address: 339 MOORINGS COVE DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T () Delete
Name: ARLOTTA, PACHAL
Address: 325 MOORINGS COVE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: CONLAN, MILLIE
Address: 306 MOORINGS COVE DR
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER FICKINGER

D

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date