

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90087 045 ****61.25

DOCUMENT # 749171



1. Entity Name
**THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSO
CIATION, 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1963111**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 **\$5.00** May Be
Trust Fund Contribution. 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	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULLU, DANIEL S		NAME	FICKINGER, PETER	
STREET ADDRESS	420 MOORINGS COVE DR		STREET ADDRESS	355 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, ROBERT		NAME	ADKINS, JUDITH	
STREET ADDRESS	360 MOORINGS COVE DR		STREET ADDRESS	360 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLES, DUDLEY		NAME	COLES, DUDLEY	
STREET ADDRESS	325 MOORINGS COVE DRIVE		STREET ADDRESS	325 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DONALD		NAME	DAVIS, DONALD	
STREET ADDRESS	339 MOORINGS COVE DRIVE		STREET ADDRESS	339 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENNA, CHRISTOPHER		NAME	RICE, EDWARD	
STREET ADDRESS	366 MOORINGS COVE DR		STREET ADDRESS	329 MOORINGS COVE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL-34689	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	TERBUSH, ROBERT	
STREET ADDRESS			STREET ADDRESS	365 MOORINGS COVE DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

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 G. Fickinger* **ROBERT G. FICKINGER** 3/19/2003 (227)938-6969

CR2E037 (10/02)

Attachment

10045004
749171

#10

BROCHE, FRANCOIS ADDITION
350 MOORINGS COVE DRIV
TARPON SPRINGS, FL 34689