


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000006315
 1. Entity Name
MOORINGS INTERCONDOMINIUM COUNCIL, INC.



Principal Place of Business 18551 N.E. 14TH AVENUE NORTH MIAMI BEACH, FL 33179	Mailing Address 18551 N.E. 14TH AVENUE NORTH MIAMI BEACH, FL 33179
---	---

DO NOT WRITE IN THIS SPACE



01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1201500	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
**GOYANES, ANASTASIO
 18551 N.E. 14TH AVENUE
 NORTH MIAMI BEACH, FL 33179**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOYANES, ANASTASIO 1481 NE MIAMI GARDENS DR N. MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIED, HARRY 1481 N.E. MIAMI GARDENS DR. NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISMAN, GERTRUDE T 18707 N.E. 14TH AVE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLUNCK, JENEN 1481 NE MIAMI GARDENS DR MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000642181
 03/01/07-80033-001 61.25

DO NOT WRITE IN THIS SPACE

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: *Anastasio Goyanes* **ANASTASIO GOYANES** 2/8/07 (305) 949-5238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #