

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 11: 58

DOCUMENT # 714251 (6)

1. Corporation Name

SEVENTH MOORINGS CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**18601 N.E. 14TH AVE.
N MIAMI BEACH FL 33179**

**18601 N.E. 14TH AVE.
N MIAMI BEACH FL 33179**

3. Date Incorporated or Qualified

03/14/1968

3a. Date of Last Report

04/14/1994

4. FBI Number

59-1261361

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERLIN, PEARL B
18601 NE 14TH AVE
N MIAMI BEACH FL 33179**

81 Name

Pearl Berlin

82

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	WALDMAN, MARGE
STREET ADDRESS	18601 NE 14TH AVE
CITY - ST - ZIP	N MIAMI BEACH FL
TITLE	D
NAME	KARP, LEON
STREET ADDRESS	18601 NE 14TH AVE
CITY - ST - ZIP	N MIAMI BEACH FL
TITLE	D
NAME	MILLER, GERTRUDE
STREET ADDRESS	18601 NE 14TH AVE
CITY - ST - ZIP	N MIAMI BEACH FL
TITLE	TD
NAME	SCHLESINGER, ROSALYN
STREET ADDRESS	18601 NE 14 AVE 112
CITY - ST - ZIP	N MIAMI BEACH FL
TITLE	PD
NAME	BERLIN, PEARL B
STREET ADDRESS	18601 NE 14TH AVE
CITY - ST - ZIP	N MIAMI BEACH FL
TITLE	SHAPIRO PAULA
NAME	18601 NE 14 AVE.
STREET ADDRESS	N MIAMI BEACH, FL
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rosalyn Schlesinger **ROSALYN SCHLESINGER** 944-4793
4/15/95

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number