

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90008 036 \*\*\*\*61.25

<b>DOCUMENT # 710368</b> 1. Entity Name <b>THIRD MOORINGS CONDOMINIUM, INC.</b>					
Principal Place of Business <b>1501 NORTH EAST MIAMI GARDENS DRIVE NO. MIAMI BEACH, FL 33179</b>				Mailing Address <b>1501 NORTH EAST MIAMI GARDENS DRIVE NO. MIAMI BEACH, FL 33179</b>	
2. Principal Place of Business <b>1501 N.E. MIAMI GARDENS DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1501 N.E. MIAMI GARDENS DR.</b> Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>59-1160715</b>	
Zip <b>33179</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SHENDELL &amp; ASSOCIATES, P.A. 3650 NORTH FEDERAL HWY, STE 202 POMPANO BEACH, FL 33064</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAYDEN, DEBORAH 1501 NE MIAMI GARDENS DR. APT 151 NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ANNA HANSEN 1501 N.E. MIAMI GARDENS DR. #252 MIAMI, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD STANLEY, GILBERT 1501 NE MIAMI GARDENS DR. APT 148 N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OSMARINA HANSEN 1501 N.E. MIAMI GARDENS DR. #257 MIAMI, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ANDRADE, EVA 1501 NE MIAMI GARDENS DR. APT 351 N. MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ISABEL BARRABEIGT 1501 N.E. MIAMI GARDENS DR. #240 MIAMI, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DINKINS, MICHELLE 1501 NE MIAMI GARDENS DR. APT 244 NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUIZA GUELBER 1501 N.E. MIAMI GARDENS DR. #337 MIAMI, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OROZCO, NELBA 1501 NE MIAMI GARDENS DR. APT 347 NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELINA LEMUS 1501 N.E. MIAMI GARDENS DR. #241 MIAMI, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALDANA, AURA 1501 NE MIAMI GARDENS DR. APT 353 NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GABRIELA ARIAS 1501 N.E. MIAMI GARDENS DR. #256 MIAMI, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Deborah Hayden</u> <b>DEBORAH HAYDEN</b> <u>05/17/05</u> <u>(305) 949-9879</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					