2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State
06-22-2006 90002 038 ****70.00

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1. Entity Name
THIRD MOORINGS CONDOMINIUM, INC.

40096658

Principal Place of Business	Mailing Address
1501 NORTH EAST MIAMI GARDENS DRIVE NO. MIAMI BEACH, FL 33179	1501 NORTH EAST MIAMI GARDENS DRIVE NO. MIAMI BEACH, FL 33179

06182006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1160715 ☐ Applied For ☐ Not Applicable

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
SHENDELL & ASSOCIATES, P.A. 3650 NORTH FEDERAL HWY, STE 202 POMPANO BEACH, FL 33064	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)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAYDEN, DEBORAH 1501 NE MIAMI GARDENS DR. APT 151 NORTH MIAMI BEACH, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUSTAVO ARIAS 1501 N.E. MIAMI GARDENS DR APT 256 MIAMI, FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STANLEY, GILBERT 1501 NE MIAMI GARDENS DR. APT 148 N. MIAMI BEACH, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GABRIELA ARIAS 1501 N.E. MIAMI GARDENS DR APT 147 MIAMI, FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HANSEN, ANNA 1501 N.E. MIAMI GARDENS DR. APT 252 MIAMI, FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ELBA WILKINSON 1501 N.E. MIAMI GARDENS DR. APT 254 MIAMI, FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HANSEN, OSMARINA 1501 N.E. MIAMI GARDENS DR. APT 257 NORTH MIAMI BEACH, FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FELINA LEMUS 1501 N.E. MIAMI GARDENS DR. APT 241 MIAMI, FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRABEIGT, ISABEL 1501 N.E MIAMI GARDENS DR. APT 240 NORTH MIAMI BEACH, FL 33179	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SONIA ZAYAS 1501 N.E. MIAMI GARDENS DR APT 155 MIAMI, FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUELBER, LUIZA 1501 N.E. MIAMI GARDENS DR. APT 337 NORTH MIAMI BEACH, FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMILLA GUIDO 1501 N.E. MIAMI GARDENS DR APT 143 MIAMI, FL 33179	☐ Change ☒ Addition

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: Deborah Hayden DEBORAH HAYDEN 06/19/06 (305)949-9879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #