

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710368

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** THIRD MOORINGS CONDOMINIUM, INC.

**Current Principal Place of Business:**

FOUR POINTS PROPERTY MANAGEMENT, INC.  
790 WEST 20TH STREET, 2ND FLOOR  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

FOUR POINTS PROPERTY MANAGEMENT, INC.  
790 WEST 20TH STREET, 2ND FLOOR  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 59-1160715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOUR POINTS PROPERTY MANAGEMENT, INC.  
790 WEST 20TH STREET  
2ND FLOOR  
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PRAWDA, GALE  
Address: 790 WEST 20TH STREET, 2ND FLOOR  
City-St-Zip: HIALEAH, FL 33010

Title: D  
Name: GONZALEZ, RAMONA  
Address: 790 WEST 20TH STREET, 2ND FLOOR  
City-St-Zip: HIALEAH, FL 33010

Title: D  
Name: SELIG, FERNANDO  
Address: 790 WEST 20TH STREET, 2ND FLOOR  
City-St-Zip: HIALEAH, FL 33010

Title: D  
Name: LANDAVERDE, MARIO  
Address: 790 WEST 20TH STREET, 2ND FLOOR  
City-St-Zip: HIALEAH, FL 33010

Title: D  
Name: ZAYAS, SONIA  
Address: 790 WEST 20TH STREET, 2ND FLOOR  
City-St-Zip: HIALEAH, FL 33010

Title: D  
Name: AGUAYO, AMELIA  
Address: 790 WEST 20TH STREET, 2ND FLOOR  
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GALE PRAWDA

D

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date