Electronic Signature of Signing Officer/Director Deta

Detail			

TREASURER

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 710368

Entity Name: THIRD MOORINGS CONDOMINIUM, INC.

Current Principal Place of Business:

PROVIDENCE MANAGEMENT SERVICES 6303 BLUE LAGOON DR 436 MIAMI, FL 33126

Current Mailing Address:

PROVIDENCE MANAGEMENT SERVICES 6303 BLUE LAGOON DR 436 MIAMI, FL 33126 US

FEI Number: 59-1160715

Name and Address of Current Registered Agent:

PROVIDENCE MANAGEMENT SERVICES PROVIDENCE MANAGEMENT SERVICES 6303 BLUE LAGOON DR 436 MIAMI, FL 33126 US

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	VALENTIN T. ESCRIBANO				
	Electronic Signature of Registered Agent			Date	
Officer/Dire	ctor Detail :				
Title	TREASURER	Title	PRESIDENT		
Name	DANIEL , GONZALEZ	Name	ASHTON, MANUEL G		
Address	PROVIDENCE MANAGEMENT SERVICES 6303 BLUE LAGOON DR 436	Address	PROVIDENCE MANAGEMENT SERVICES 6303 BLUE LAGOON DR 436		
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126		
Title	SECRETARY	Title	VP		
Name	RIVERA, JOHN	Name	JULIO , VANEGAS CESAR		
Address	PROVIDENCE MANAGEMENT SERVICES 6303 BLUE LAGOON DR 436	Address	PROVIDENCE MANAGEMENT SERVICES 6303 BLUE LAGOON DR 436		
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126		
Title	DIRECTOR	Title	DIRECTOR		
Name	CHAVEZ, ANGELICA	Name	ZAYAS, SONIA		
Address	PROVIDENCE MANAGEMENT SERVICES 6303 BLUE LAGOON DR 436	Address	PROVIDENCE MANAGEMENT SERVICES 6303 BLUE LAGOON DR 436		
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126		
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126		

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.

FILED Jul 26, 2016 Secretary of State CC7185051861

Certificate of Status Desired: Yes

07/26/2016

Date