

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710368

**Entity Name:** THIRD MOORINGS CONDOMINIUM, INC.**Current Principal Place of Business:**1501 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179**Current Mailing Address:**SHENDELL & ASSOCIATES, P.A.  
635 SE 10 STREET STE 635A  
DEERFIELD BEACH, FL 33441 US**FEI Number:** 59-1160715**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHENDELL & ASSOCIATES, P.A.  
635 SE 10 STREET STE 635A  
DEERFIELD BEACH, FL 33441 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	TREASURER
Name	DANIEL , GONZALEZ
Address	EXCLUSIVE PROPERTY MANAGEMENT GROUP LLC 175 FONTAINEBLEAU BLVD SUITE 1D

City-State-Zip: MIAMI FL 33172

Title	SECRETARY
Name	RIVERA, JOHN
Address	EXCLUSIVE PROPERTY MANAGEMENT GROUP LLC 175 FONTAINEBLEAU BLVD SUITE 1D

City-State-Zip: MIAMI FL 33172

Title	DIRECTOR
Name	DOMINGUEZ, ROBERTO
Address	EXCLUSIVE PROPERTY MANAGEMENT GROUP LLC 175 FONTAINEBLEAU BLVD SUITE 1D

City-State-Zip: MIAMI FL 33172

Title	DIRECTOR
Name	JONASSAINT, EMMANUEL
Address	EXCLUSIVE PROPERTY MANAGEMENT GROUP LLC 175 FONTAINEBLEAU BLVD SUITE 1D

City-State-Zip: MIAMI FL 33172

Title	PRESIDENT
Name	ASHTON, MANUEL G
Address	EXCLUSIVE PROPERTY MANAGEMENT GROUP LLC 175 FONTAINEBLEAU BLVD SUITE 1D

City-State-Zip: MIAMI FL 33172

Title	VICE PRESIDENT
Name	TAVARES, NANCY
Address	EXCLUSIVE PROPERTY MANAGEMENT GROUP LLC 175 FONTAINEBLEAU BLVD SUITE 1D

City-State-Zip: MIAMI FL 33172

Title	DIRECTOR
Name	BOLT, JUAN
Address	EXCLUSIVE PROPERTY MANAGEMENT GROUP LLC 175 FONTAINEBLEAU BLVD SUITE 1D

City-State-Zip: MIAMI FL 33172

Title	DIRECTOR
Name	MILANES, CLARA
Address	175 FONTAINEBLEAU BLVD 1D

City-State-Zip: MIAMI FL 33172

**Continues on page 2**

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**  
**Jan 08, 2018**  
**Secretary of State**  
**CC4787636784**

**Officer/Director Detail Continued :**

Title                DIRECTOR  
Name                SANCHEZ, HELENA  
Address            175 FONTAINEBLEAU BLVD  
                      SUITE 1D  
City-State-Zip:    MIAMI FL 33172

Title                DIRECTOR  
Name                SWEENEY, RICHARD A  
Address            175 FONTAINEBLEAU BLVD  
                      SUITE 1D  
City-State-Zip:    MIAMI FL 33172