

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710368

**Entity Name:** THIRD MOORINGS CONDOMINIUM, INC.**Current Principal Place of Business:**ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025**Current Mailing Address:**ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 US**FEI Number:** 59-1160715**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIATION SERVICES OF FLORIDA  
ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 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:** JEFFREY ULM, PRESIDENT

03/22/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name           PRAWDA, GALE  
Address        ASSOCIATION SERVICES OF  
                 FLORIDA  
                 10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            PRESIDENT  
Name           SELIG, FERNANDO  
Address        ASSOCIATION SERVICES OF  
                 FLORIDA  
                 10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            D  
Name           ZEITCHICK, JANET  
Address        ASSOCIATION SERVICES OF  
                 FLORIDA  
                 10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            SECRETARY  
Name           GONZALEZ, HELEN  
Address        ASSOCIATION SERVICES OF  
                 FLORIDA  
                 10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            VP  
Name           LANDAVERDE, MARIO  
Address        ASSOCIATION SERVICES OF  
                 FLORIDA  
                 10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            D  
Name           AGUAYO, AMELIA  
Address        ASSOCIATION SERVICES OF  
                 FLORIDA  
                 10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

*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

TREASURE

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date