

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 710368

Entity Name: THIRD MOORINGS CONDOMINIUM, INC.

FILED
Jul 19, 2016
Secretary of State
CC6948169357

Current Principal Place of Business:

PROVIDENCE MANAGEMENT SERVICES
2020 PONCE DE LEON 901
CORAL GABLES, FL 33134

Current Mailing Address:

PROVIDENCE MANAGEMENT SERVICES
2020 PONCE DE LEON 901
CORAL GABLES, FL 33134 US

FEI Number: 59-1160715

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PROVIDENCE MANAGEMENT SERVICES
PROVIDENCE MANAGEMENT SERVICES
2020 PONCE DE LEON 901
CORAL GABLES, FL 33134 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

07/19/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE PRESI, VP
Name RIVERA, JOHN
Address PROVIDENCE MANAGEMENT SERVICES
2020 PONCE DE LEON 901
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name GONZALEZ, DANIEL
Address PROVIDENCE MANAGEMENT SERVICES
2020 PONCE DE LEON 901
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name CHAVEZ, ANGELICA
Address PROVIDENCE MANAGEMENT SERVICES
2020 PONCE DE LEON 901
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name ZAYAS, SONIA
Address PROVIDENCE MANAGEMENT SERVICES
2020 PONCE DE LEON 901
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT
Name ASHTON, MANUEL G
Address PROVIDENCE MANAGEMENT SERVICES
2020 PONCE DE LEON 901
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name HAYDEN, DEBORAH
Address PROVIDENCE MANAGEMENT SERVICES
2020 PONCE DE LEON 901
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name VENEGAS, JULIO
Address PROVIDENCE MANAGEMENT SERVICES
2020 PONCE DE LEON 901
City-State-Zip: CORAL GABLES FL 33134

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: DANIEL GONZALEZ

TREASURER

07/19/2016

