

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710368

Entity Name: THIRD MOORINGS CONDOMINIUM, INC.**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:** No**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

02/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title D
Name SANCHEZ, GRACIELA
Address PROVIDENCE MANAGEMENT SERVICES
2020 PONCE DE LEON 901
City-State-Zip: CORAL GABLES FL 33134

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

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

Title D
Name TAVERA, NANCY
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: GALE PRAWDA

DIRECTOR

02/25/2016

Electronic Signature of Signing Officer/Director Detail

Date