

2020 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:**EXCLUSIVE PROPERTY MANAGEMENT GROUP
175 FONTAINEBLEAU SUITE 1D
MIAMI, FL 33172 US**FEI Number:** 59-1160715**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EXCLUSIVE PROPERTY MANAGEMENT GROUP
EXCLUSIVE PROPERTY MANAGEMENT GROUP
175 FONTAINEBLEAU SUITE 1D
MIAMI, FL 33172 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

03/28/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
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	TREASURER
Name	BOLT, JUAN
Address	EXCLUSIVE PROPERTY MANAGEMENT GROUP LLC 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

Title	PRESIDENT
Name	ASHTON, MANUEL G
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

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: ASHTON , MANUEL G

PRESIDENT

03/28/2020

