

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

DOCUMENT# 749171

**Entity Name:** THE MOORINGS OF PINELLAS COUNTY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Oct 08, 2013**  
**Secretary of State**  
**CC1877668964**

**Current Principal Place of Business:**

5901 US HWY. 19  
STE. 7Q  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5901 US HWY. 19  
STE. 7Q  
NEW PORT RICHEY, FL 34652 US

**FEI Number: 59-1963111**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HWY. 19  
STE. 7Q  
NEW PORT RICHEY, FL 34652 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: MARY A. WHITE**

**10/08/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROURKE, JOSEPH  
Address        5901 US HWY. 19  
                  STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            VP  
Name            DAVIS, DONALD  
Address        5901 US HWY. 19  
                  STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            SECRETARY  
Name            DELGADO, SANDRA  
Address        5901 US HWY. 19  
                  STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            TREASURER  
Name            RIVERA, JACQUELINE  
Address        5901 US HWY. 19  
                  STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            DIRECTOR  
Name            PITOCCO, DENNIS  
Address        5901 US HWY. 19  
                  STE. 7Q  
City-State-Zip: NEW PORT RICHEY FL 34652

*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: JOSEPH ROURKE**

**PRESIDENT**

**10/08/2013**

