

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749171

**FILED**  
**Feb 19, 2015**  
**Secretary of State**  
**CC8098394465**

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

**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**

**02/19/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title           DIRECTOR  
Name           SIENA, RICHARD  
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: SANDRA DELGADO**

**PRESIDENT**

**02/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date