

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749171

**FILED  
Mar 09, 2020  
Secretary of State  
3454617617CC**

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

**Current Principal Place of Business:**

24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763

**Current Mailing Address:**

24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763 US

**FEI Number: 59-1963111**

**Certificate of Status Desired: No**

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

LOVETERE, JULIE  
24701 US HIGHWAY 19 N  
SUITE 102  
CLEARWATER, FL 33763 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: JULIE LOVETERE 03/09/2020  
\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title TD  
Name SHANNON, MARTI  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title PD  
Name CLEARY, KAREN  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title SD  
Name ZAJACK, VICTORIA  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title VPD  
Name DOWLING, NICK  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

Title D  
Name HOUTZ, DONNA  
Address 24701 US HIGHWAY 19 N  
SUITE 102  
City-State-Zip: CLEARWATER FL 33763

*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: KAREN CLEARY PD 03/09/2020  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date