

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709974

FILED
Apr 25, 2009
Secretary of State

Entity Name: SECOND MOORINGS CONDOMINIUM INC

Current Principal Place of Business:

1551 NE MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1551 NE MIAMI GARDENS DRIVE #337
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

FEI Number: 59-1160713 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WAND, NORMAN
1551 NE MIAMI GARDENS DR
320
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WAND, NORMAN
Address: 1551 NE MIAMI GARDENS
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VTD () Delete
Name: GOLDINER, IRVING
Address: 1551 NE MIAMI GARDENS
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: D () Delete
Name: KALB, STANLEY
Address: 1551 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: TD () Delete
Name: CRUZ, VICTOR
Address: 1551 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: D () Delete
Name: COHEN, MIRIAM
Address: 1551 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: D () Delete
Name: KALB, JEAN
Address: 1551 NE MIAMI GARDENS DR
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NORMAN WAND

P

04/25/2009

Electronic Signature of Signing Officer or Director

Date