

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710950 (7)

1. Corporation Name

FIRST MOORINGS CONDOMINIUM, INC.

Principal Place of Business

1591 MIAMI GARDENS DR
NORTH MIAMI BEACH FL 33179

Mailing Address

1591 MIAMI GARDENS DR
NORTH MIAMI BEACH FL 33179



3. Date Incorporated or Qualified

05/26/1966

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1166747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRAMS, BEN
1591 MIAMI GARDENS DRIVE
NORTH MIAMI BEACH FL 33179

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

ROSALIE DENENBERG

Treas.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME SIMON, FRIEDA
STREET ADDRESS 1591 MIAMI GARDENS DR
CITY-ST-ZIP N MIAMI BEACH, FL 00000

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE PRESIDENT
NAME ABRAMS, BEN
STREET ADDRESS 1591 MIAMI GARDENS DR
CITY-ST-ZIP N MIAMI BEACH, FL 00000

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE V
NAME URAN, FRED
STREET ADDRESS 1591 MIAMI GARDENS DR
CITY-ST-ZIP N MIAMI BEACH, FL 00000

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TREASURER
NAME DENENBERG, ROSALIE
STREET ADDRESS 1591 MIAMI GARDENS DR
CITY-ST-ZIP N MIAMI BCH, FL 00000

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D BOARDO MEMBER
NAME KATZ, MARIAN
STREET ADDRESS 1591 MIAMI GARDENS DR
CITY-ST-ZIP N MIAMI BEACH FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME GOLD, MARY
STREET ADDRESS 1591 MIAMI GARDENS DR
CITY-ST-ZIP N MIAMI BEACH FL

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rosalie Denenberg Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 3, 1996

Date

747 5549

Daytime Phone #

CR2E037 (12/95)