## **2006 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## **FILED** May 01, 2006 8:00 am Secretary of State

05-01-2006 90483 007 \*\*\*\*61.25

50017920

\$8.75 Additional

Fee Required



Name

1. Entity Name FIRST MOORINGS CONDOMINIUM, INC.

**DOCUMENT #710950** 

Principal Place of Business MJB MANAGEMENT SERVICES, INC 19501 NE 10TH AVE, SUITE 300 NORTH MIAMI BEACH, FL 33179

Mailing Address MJB MANAGEMENT SERVICES, INC 19501 NE 10TH AVE, SUITE 300 NORTH MIAMI BEACH, FL 33179

2. Principal Place of Business

3. Mailing Address

**Unlimited Property** Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731

6. Name and Address of Current Registered Agent

**Unlimited Property** Management, LLC 7655 NW 50 Street Miami, Florida 33166 305-553-9731

04122006	Chg-NP	CR2E037 (11	/05)

4. FEI Number 59-1166747 Applied For Not Applicable

5. Certificate of Status Desired

Name and Address of New Registered Agent	
Unlimited Property	
Management, LLC	
7655 NW 50 Street	
Miami, Florida 33166	
205 552 0504	3 - 1

MJB MANAGEMENT SERVICE, INC				'	ommutea	Propert	y				
19501 NE 10TH AVE, SUITE 300			Street A		Managem	ent, LLC	-				
MIAMI, FL 33179				7655 NW 50 Street -							
	•		. Miami, Florida 33166								
			City	•	305-553	3-9731		Code	e		
	<u> </u>			<b>-</b> <u>-</u> -							
	named entity filbmit athis statement for the purp tions of registered agent.	oose of changing its regi	stered office or	r registered a	gent, or both,	in the State	of Florida. Tarr	i familiar with,	and accept		
tue opliĝat	ions of registered agent.					/ /					
0.011.7110.0					41	22 he	<i>(</i>				
SIGNATURE .	Signature, typed or printed name of egistered agent and title if ap	plicable. (NOTE: Reg	stered Agent signat	ture required when	reinstating)	<u> </u>	DATE				
	Filing Fee is \$61.25	<ol><li>Election Campai</li></ol>			.00 May Be	8		ck payable to			
	Due by May 1, 2006	Trust Fund Conti	ibution.	∐ Àdd	led to Fees		Florida Depa	irtment of St	late		
10.	OFFICERS AND DIRECTORS	\/	11.	ADDI	ITIONS/CHAN	GES TO OF	FICERS AND D	IRECTORS IN	10		
TITLE	PD	Z Delete	TITLE	DN	MOID	(DAD	RAMOU	☐ Change	Addition X		
NAME	SUAREZ, EDGAR	/ I	NAME	7.00	, , ,	<b>~</b>			1.6014		
STREET ADDRESS	1591 NE MIAMI GARDEN DR #210	´ I	STREET ADDRESS	1621	$M \in W$	(iAM)	GARD	אוע שוופ	# 214		
CITY-ST-ZIP	MIAMI, FL 33179	<b>、</b> )	CITY-ST-ZIP	N.M.	BF	<u>-) :</u>	(3174				
TITLE	TD	Delete	TITLE	5601	V		,	☐ Change	Addition		
NAME	HURTADO, GLADYS	<i>'</i> '	NAME	100	NE K	100		00	/		
STREET ADDRESS	1591 NE MIAMI GARDEN DR #314		STREET ADDRESS	14/13	ái NE	_MIAM	i GARDI	ENS DIK	100		
CITY-ST-ZIP	MIAMI, FL 33179	,	CITY-ST-ZIP	UNIT	205		11AMI	FL 33	179		
TITLE	VPD	Delete	TITLE	VPD	)		-	☐ Change	Addition		
NAME	REYNOSO, MIREYA	Γ	NAME	CAL	160 CO	RRAD	DI PARDENS		40.		
STREET ADDRESS	1591 NE MIAMI GARDEN		STREET ADDRESS	1591	N.E. M	iAMic	A ADENS	DRIVE.	11/201		
CITY-ST-ZIP	NORTH MIAMI, FL 33179	\ <i>,</i>	CTTY-ST-ZIP	MIA	Mi FL	33179					
TITLE	D	Delete	TITLE					Change	☐ Addition		
NAME	NUNEZ, LUZ	(	NAME	ŀ				• -			
STREET ADDRESS	1591 NE MIAMI GARDENS DR #202		STREET ADDRESS								
CITY-ST-ZIP	MIAMI, FL 33,179		CITY-ST-ZIP				· .				
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STREET ADDRESS			STREET ADDRESS								
CITY-ST-7IP	1		CITY - ST - 7/P	I							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment v

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR