

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # 712111 (4)

1. Corporation Name

SIXTH MOORINGS CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

18555 N.E. 14TH AVENUE  
NORTH MIAMI BEACH FL 33179

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NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified

01/18/1967

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

59-1204711

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

CALABRIA, ARNOLD  
18555 NE 14 AVE  
N MIAMI BCH, 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

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

ARNOLD CALABRIA

(NOTE: Registered Agent signature required when reinstating)

1/23/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME BORCHICK, SHIRLEY  
STREET ADDRESS 18555 NORTHEAST 14 AVE.  
CITY-ST-ZIP N MIAMI BCH FL

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

TITLE P ☐ DELETE  
NAME CALABRIA, ARNOLD  
STREET ADDRESS 18555 NORTHEAST 14 AVE  
CITY-ST-ZIP N MIAMI BCH FL

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME STANLEY WASSERMAN  
2.3 STREET ADDRESS 18555 N.E. 14th AVE  
2.4 CITY-ST-ZIP N. M.B. FL. 33179

TITLE D ☐ DELETE  
NAME BONCHEK, SHIRLEY  
STREET ADDRESS 18555 NORTHEAST 14 AVE  
CITY-ST-ZIP N MIAMI BCH FL

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

TITLE D ☐ DELETE  
NAME MAXSTEIN, BERNIE  
STREET ADDRESS 18555 NE 14 AVE  
CITY-ST-ZIP N MIAMI BCH FL

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

TITLE D ☒ DELETE  
NAME TANNER, IRVING H  
STREET ADDRESS 18555 NORTHEAST 14 AVE  
CITY-ST-ZIP N MIAMI BCH FL

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME MORRIS REICHER  
5.3 STREET ADDRESS 18555 N.E. 14th AVE.  
5.4 CITY-ST-ZIP N.M.B. FL. 33179

TITLE D ☐ DELETE  
NAME ALPIN, MAC S  
STREET ADDRESS 18555 NE 14 AVE  
CITY-ST-ZIP N. MIAMI BEACH FL

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

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 or changed, or on an attachment with an address.

SIGNATURE:

*Arnold Calabria*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

Date

305-947-8920

Daytime Phone

CR2E037 (12/95)