

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

18555 N.E. 14TH AVENUE
NORTH MIAMI BEACH FL 33179-4800



3. Date Incorporated or Qualified
01/18/1967

3a. Date of Last Report
01/29/1996

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

(NOTE: Registered Agent signature required when reinstating)

2/17/1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WASERMAN, STANLEY	
STREET ADDRESS	18555 NORTHEAST 14 AVE.	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CALABRIA, ARNOLD	
STREET ADDRESS	18555 NORTHEAST 14 AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BONCHEK, SHIRLEY	
STREET ADDRESS	18555 NORTHEAST 14 AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAXSTEIN, BERNIE	
STREET ADDRESS	18555 NE 14 AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REICHER, MORRIS	
STREET ADDRESS	18555 NORTHEAST 14 AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALPIN, MAC S	
STREET ADDRESS	18555 NE 14 AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GERALD GOLH
3.3 STREET ADDRESS	18555 N.E. 14TH AVE
3.4 CITY-ST-ZIP	N MIAMI BCH FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRANK'S JACOBS
4.3 STREET ADDRESS	18555 N.E. 14TH AVE
4.4 CITY-ST-ZIP	N MIAMI BCH FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	R. EISEN
6.3 STREET ADDRESS	18555 N.E. 14TH AVE
6.4 CITY-ST-ZIP	N MIAMI BCH FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Arnold Calabria ARNOLD CALABRIA FEB 17, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033283

CR2E037 (9/96)