


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90260 026 ****61.25

DOCUMENT # 712111 1. Entity Name SIXTH MOORINGS CONDOMINIUM, INC.					
Principal Place of Business 18555 N.E. 14TH AVENUE NORTH MIAMI BEACH, FL 33179				Mailing Address 18555 N.E. 14TH AVENUE NORTH MIAMI BEACH, FL 33179	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 59-1204711				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALABRIA, ARNOLD 18555 NE 14 AVE N MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent Name MARIA A OAKES Street Address (P.O. Box Number is Not Acceptable) 18555 NE 14th AVENUE City NORTH MIAMI BEACH FL Zip Code 33179		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WASSERMAN, PHYLLIS 18555 NE 14TH AVE #514 N MIAMI BCH, FL 33179		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDRO CRUZ 18555 NE 14th AVENUE, F704 N. MIAMI BCH, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALABRIA, ARNOLD 18555 NORTHEAST 14 AVE N MIAMI BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERESA ACOSTA 18555 NE 14th AVENUE, F518 N. MIAMI BEACH, FL 33179	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GERALD, GOCH 18555 NE 14 ST #706 MIAMI, FL 33179		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUSHNER, ROBERT 18555 NE 14TH AVE #719 N MIAMI BEACH, FL 33179		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OAKES, MARIA A 18555 NORTHEAST 14 AVE N MIAMI BCH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SESSEGO, QUINTO 18555 NE 14 AVE # 620 NORTH MIAMI BEACH, FL 33179		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I 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 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 with an address, with all other like empowered.					
SIGNATURE: <u>Maria Oakes, Treasurer</u> <u>04/08/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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